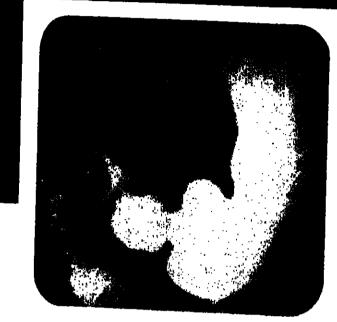
The Upper Functional G.I. Disorder

## The Pseudo-ulcer



### Ulcer-like symptoms: no G.I. pathology

The patient is convinced it's an ulcer. However, symptoms are not quite typical, and x-ray findings are negative. These findings and the results of additional diagnostic procedures exclude an organic basis for the patient's complaints. A diagnosis of "upper functional gastrointestinal disorder" is made, which is supported by the fact that episodes of painful symptoms coincide with episodes of excessive anxiety, as indicated by the history.

It may be useful to explain to the patient the mechanism by which emotions upset normal G.I. functioning,

resulting in hypersecretion and hypermotility and thus causing such symptoms as nausea and epigastric pain. In upper functional gastrointestinal disorders, counseling by the primary physician can often help the patient to understand how excessive anxiety may cause flare-ups of G.I. symptoms.

A disproportionate number of patients seen by the general practitioner suffer from functional disorders, as do more than half of those seen by the gastroenterologist.\* Where milder cases may respond to counsel-

symptoms and excessive anxiety, because each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br. The antianxiety action of Librium® (chlordiazepoxide HCl) makes Librax exceptional An adjunct in anxiety-related upper functional G.I. disorders

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodentis, irritable bowel syndrome, spastic colitis, and mild ulceration.

Contraindications: Patients with glaucoma: prostatic hyper-trophy and benign bladder neck obstruction; known hyper-sensitivity to chlordiazepoxide hydrochloride and/or cildinium

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS acting drugs, caution patients against hazardous occupations requires the manufactures for the provider mental alertness for the drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have tarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prope individuals of those who pright increase dosage; withdrawal symptoms (including consulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to amallest effective amount to preclude smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated).

Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiszines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, atimulation and acute rage) have been reported in psychiatric pations. Employ usual precautions in treatment of anxiety cites may be present and protective measures necessary. Variable of impatients receiving the drug and oral anticoagulants; causal in patients receiving the drug and oral anticoagulants; causal adverse heactions: No side effects or manifestations not seen. Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax.

When chlordiszepoxide hydrochloride is used alone, drowst-

ness, ataxia and confusion may occur, especially in the and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances a noope has been reported. Also encountered are isolated instance of the control of the contro eruptions, edema, minor menstrual irregularities, names and constipation, extrapyramidal symptoms, increased and decreased fibido—all infrequent and generally controlled and impair fast activity) may appear during and after treatment blood dyscrasias (including agranulocytosis), jaundice and kepatic dystunction have been reported occasionally with chior diszepoxide hydrochloride, making periodic blood counts all liver function lesis advisable during protracted therapy. Adverse effects reported with Librax are typical of anti-cholinergic agents, i.e., dryness of mouth, blurring of which urinary heritancy and constipation. Constipation has occurs most often when Librax therapy is combined with other spannolytics and/or low residue diets. ons, edema, minor menstrual irregularities, naues

among drugs for certain gastrointestinal

disorders associated with excessive anxiety;

the clidinium bromide (Quarzan<sup>z,a</sup>) com-

ponent furnishes dependable antiscretory-

antispasmodic action. Dosage is flexible; it

may be adjusted according to your patient's

requirements within the range of for 2

capsules daily in divided doses.

capsules three or four times daily, up to 8

\*Rome HP, Brannick 'I L: Orientation and mechanism of functional divorders; clinicophysi-ologic correlation, chap. 193, in Gastroenterology, edited by Bockus HI., Philadelphia, WB Saunders Company, 1965, p. 1116

ing alone, if symptoms are severe and disabling to any degree, a suit-

able regimen may include medication to reduce the symptoms and

In these cases, Librax as an adjunct can greatly contribute to the

course of therapy. Its dual action can offer relief of both painful

the excessive anxiety that often provokes these distressing symptoms.

Trib

## Medical Tribune

-and Medical News world news of medicine and its practice - fast, accurate, complete

Wednesday, February 26, 1975

making

Vol. 16, No. 8

PACKAGE INSERTS - FDA will formally propose new guidelines for prescription drug package inserts "in the next few weeks," Dr. Vincent Gagliardi of the Bureau of Drugs told MT. Especially emphasized will be new sections on pregnancy, labor and delivery, and nursing mothers. Stronger warnings are needed in these areas, according to Dr. J. Richard Crout, head of the Bureau of Drugs, due to "great societal neglect" of drug misuse in obstetrics. THE LOWLY COCKROACH - will be studied at the Sloan-Kettering Research Center to determine if and why invertebrates are resistant to cancer. Project director Robert S. Anderson, Ph.D., told MT he thinks roaches and other species low on the phylogenetic scale "may synthesize some substance that blocks the action of carcinogens.

BREAST ENLARGMENTS, face surgery procedures at Ports- abdomen. The ancurysm was then excised. mouth Naval Hosp. were billed to taxpayers last year, according to Rear Adm Harry Mahin, hospital commander. "In addition to the benefit to the women," he said in a statement, "plastic surgeons need to keep their talents sharp." Spokesman for Rep. Les Aspin commented, "In other words, they don't have aneurysm by means of axillary Dacron anything else to do, so they iliac grafts that have reversed the dido it for 'morale' purposes." rection of the blood flow in the pa-

**Blood Rerouted Up Through Illac Arteries** 

To deal with a severe dissecting aortic ancurysm, surgeons at Washington General Hosp, connected subclavian and iliac arteries via Dacron grafts inserted BREAST ENLARGMENTS, face bilaterally just outside the patient's rib cage, clamping off both ends of the lifts, and 631 other plastic ancurysm. The grafts reroute blood up through iliac arteries to organs of

#### **Aneurysm Bypass Reverses Abdominal Aorta Blood Flow**

BY RALPH COSHAM

WASHINGTON-Surgeons at the Washington Hospital Center have successfully bypassed a severe dissecting aortic chief of surgery at Washington Hos-

tient's abdominal aorta. The patient, a 54-year-old local government employee, is back at work and progressing well, according to Dr. Karel Absolon, pital Center.

The procedure was developed hemo-

#### Continued on page 13 **Pasteur Institute** In Grave Plight;



graduate students from all nations, but against which less toxic antibiotics are financial problems place its future in Continued on page 2 question. See pages 14 and 18.

For Most Serious Infections Only . . .

#### Warning Issued on Clindamycin, Lincomycin

By ALAN FITZGIBBON Special Tribune Correspondent

WASHINGTON-Clindamycin and lin-

Food and Drug Administration has The possible dangers of the two After hearing reports for and against drugs have been widely publicized the two antibiotics at its most recent

comycin, two widely prescribed antibiotics, may produce hazardous side deaths from bloody colitis has occurred But it recommended that the F.D.A. an expert consultative panel of the prescriptions were written to treat minor ailments for which neither it nor lincomycin should be prescribed.

since mid-January, when the director meeting, the P.D.A.'s nine-member

of the consumer-oriented Health Re- Anti-Infective Agents Advisory Comsearch Group here wrote the Com- mittee concluded that available data missioner of the Food and Drug Ad- do not warrant the removal of the

effects and should not be prescribed following use of clindamycin and that strengthen warnings in the labeling and for any but the most serious infections, "well over 75 per cent" of clindamycin package inserts that accompany the two antibiotics. In addition to noting that their use may produce colitis, as is now done; the labeling should limit Famed Pasteur Institute attracts postuse of the drugs to severe infections

**Position Shift Effective** 

#### 'Roll-Over' Test Flags High BP Of Pregnancy

By Ben Rose

WINNIPEG, MAN. - Blood pressure readings in the lateral and supine positions are a highly effective way of screening patients for pregnancy-induced hypertension and its complications, it was reported here at the annual meeting of the Royal College of Physicians and Surgeons of Canada.

At the same time it was recommended by Dr. Norman Gant, Associate Professor and co-chairman of Obstetrics and Gynecology, University of Texas, Southwestern Medical Center, Dallas, that all women-young and old-in the highest risk group, primigravidas, should be given such a screening test.

In their experience, Dr. Gant said, the readings have proven 90 per cent accurate in predicting the development of pregnancy-induced hypertension 10 weeks later.

The test-referred to as the "roll over" technique-requires about 15 minutes to establish a base-line reading in the lateral position before the blood pressure is taken in the supine posi-

"Not too many doctors want to

**May Quit Paris** 

#### Warning Issued on Clindamycin, Lincomycin

The F.D.A. should also send a letter to all physicians pointing out the prescription, the panel recommended. The agency has indicated that it will follow the advisory committee's suggestions.

In his January 16 letter which touched off the storm over the two antibiotics, Dr. Sidney Wolfe, director and lincomycin, Dr. Wolfe urged the ing. of the Health Research Group, said that the Upjohn Company, which makes the agents, "has continued to promote this drug [clindamycin] for

HERE

Wherever it hurts, Empirin

provides the symptomatic

In flu and associated respiratory

Infection, Empirin Compound

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prescribing convenience: up to 5 refills in 6 months,

at your discretion (unless

restricted by state law); by

Empirin Compound with Codeine No. 3, codeine phosphate\* 32.4 mg. (gr. 1/2): No. 4, codeline phosphate\* 64.8 mg. (gr. 1) \*Warning-may

be habit-forming. Each tablet

also contains: aspirin gr. 31/2,

with Codeine provides an

relief of pain and bodily

discomfort.

HERE

Compound with Codeine usuali

Headache

siderable incidence of sometimes fatal side effects produced by clindamycin F.D.A. to restrict the agents' use to hospitalized patients with "appropriate Dr. Wolfe's charges by saying that the

Shortly after receiving Dr. Wolfe's

mated 6,000,000 prescriptions written in 1973 for clindamycin, 4,525,000 but some were elderly or scriously ill were for colds, sore throats, other from other conditions such as cancer settimate annual sales of the checked Congress to authorize \$4.5 billing throats. sinusitis, acne, middle ear infections, or surgical aftercare, he said.

Would Limit Use to Inpatients

Because of what he colled the con
Recause of what he colled the conit had included a warning about colities as a possible side effect in their label-

An Upjohn spokesman responded to company promoted clindamycin and treating upper respiratory infections. letter, the F.D.A. issued a statement by the F.D.A. He noted that a clinda-As a consequence, the treatment of saying its files showed there had been mycin study revealing a 10 per cent

## Warning Issued on Clindamycin, Lincomycin and use for prophyunavailing and should contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and five with lincomycin from the contain a warnlaxis makes up well over 75 per cent mycin and fiv

dangers of clindamycin and lincomy- acute upper respiratory infections, or heart disease and had undergone telated agents at \$170,00000 for the government's health activi-

ported to it, and that in August 1974 for both to Dr. Wolfe's 6,000 ce and the office of the Assistant National Institutes of Health cretary for Health in the Department

At the same time the F.D., Health, Education, and Welfare visory committee was meeting presents an increase of only 0.2 per Gaylord Nelson convened in nt over the revised fiscal 1975 budnopoly subcommittee of the st and is in line with the President's Small Business Committee for licy of cutting government expendidays of hearings on the drugs, res to deal with the country's eco-

days of hearings on the drugs.

The Wisconsin Democrat's of If inflationary erosion is taken into statement and the testimony of If inflationary erosion is taken into physicians about the agent's count, the fiscal 1976 health budget were largely a repetition of their puld represent a decrease in real Dr. Wolfe had cited in his letter urces Administration and the Assistance charges therein, or comment being the Secretary's office would have more Mr. Schmidt, the F.D.A. Comministration and the Assistance of the programs of the say that a new survey by his at fiscal year.

Note that the country's ecommittee in the fiscal survey is the fiscal to the country's ecommit problems.

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Can Health Recall the Assistance of the programs of the survey by his at fiscal year.

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Note that the country's ecommit problems.

Note that the country's ecommit problems.

Statement and the testimony of it inflationary erosion is taken into physical problems.

Note that the country's ecommit problems.

the use of clindamycin or liner ost totally unlike those of the average 6 of 32 Previously Reports mily and only remotely like those of

Six of the 32 deaths had bee e average business. ported in the literature and them How Budget-Making Works

ing 26 had come to the F.D.A.'s After months of preparation, the tion through its adverse dog meesident submits to Congress somereporting system, most of themine during January or February his recently. In many of the latter oposed budget for the coming fiscal colitis was considered a major whar, which starts on the following tributory cause of death, and willy 1 and is named after the next year, the 32 patients who died were beclatized appropriations subcomalready had serious diseases other ittees of the two houses of Congress possible colitis, and were taking en consider budget proposals for the antibiotics. Twenty of the death rious executive departments, often associated with clindamycin wivising them upward or downward. 12 with lincomycin use. Then they and their parent appropria-

Dr. William N. Hubbard, Jefons committees have had their final dent of Upjohn, defended clindary, the Senate and House must jointly and lincomycin as valuable in water an authorization, or ceiling on the certain types of infection, internount any department may spend penicillin-resistant staphylococouring the coming fiscal year. If Confections. He said that neither dess does not approve an authorizanow being promoted, partly becamon by July 1, as often it does not, it rapidly changing knowledge about nerally votes to let a department usefulness and potential hazareep going at its current funding level nder a continuing resolution.

Once it has authorized a budget, Old Contraceptives List ongress must appropriate the money or it. Frequently it does this late in the Camel Foam—and Workscal year for which the budget has Medical Tribune World Senke een authorized, and sometimes in the

TORONTO -A list of "contrasppropriation process it further agents" from early days, including anges an Administration's initial nic acid, tenion juice douche, proposals or its own earlier authorizabeans, parsley, opium, elephantion.

camel dung, willow, a piece of tied in three knots, gunpowder foam from a camel's mouth, and As budget-making progresses after ping three times over a grat ach. February, the Administration, mentioned here in an lighter side, is free to change its proposals. In an international conference of what has sometimes been called the scription Drugs and the

Present.

Dr. J. Fraser Mustard, February for political reasons and reFaculty of Medicine, McMaster list their requests downward later in versity. Hamilton, gave the list he year for financial ones.

wants state and local governments as well as third-party reimbursers—all of which it feels are financially better off than the federal government—to pay

"Some of these, including his suthorized and appropriated funds it juice douche, were probably problid not want to spend, but the Nixon fective," he said, adding "Suppoundments were without Conequalled the suggestion in the Nixon surgical Reporter in 1888 by twerturned by the courts. The Ford Pearce, who wrote: Before proposed in four of HSA's largest programs, \$67,000,000 in the comprehensive health formula grants program, \$41,000,000 in the community health centers program, \$53,000,000 in the maternal and child health program, and \$21,000,000 in family planning services,

1975 Change from Revised 1976 1975 (%) Food and Drug Administration \$ 201 \$ 203 + 1.0 Center for Disease Control 140 133 - 5.0 Health Services Administration 1,160 1,008 -13.11,733 1,805 + 4.2 Alcohol, Drug Abuse, and Mental Health Administration 702 723 - 2.9 Health Resources Administration 520 626 +20.4Assistant Secretary for Health 69 +11.34,539 4.546 + 0.2 (In Millions) 1975 Change from National Institutes of Health 1976 1975 (%) Revised

	11011500	1010	13/3 (70)	
Cancer	\$ 569	605	+ 6.3	
leart and Lung	286	293	+ 2.4	
Dental	42	44	+ 3.7	
Arthritis .	145	148	+ 2.6	
leurology	112	115	+ 2.7	
llergy	105	109	+ 3.1	
General Medical Sciences	157	162	+ 3.2	
Child Health	118	106	-10.1	
ging		16		
ye	38	39	+ 4,2	
nvironmental Health	28	31	+11.0	
Research Resources	81	81	+ 0.5	
ogarty International Center	5	5	+ 0.4	
lote: Percentage changes above are bas	sed on thousand-de	ilar amounts.		

law Congress must approve rescission requests. Since many government programs statutorily last for more than one year and Congress initially authorizes annual budgets for each of their years, rescissions may be requested for previously authorized funds in addition to those proposed for the coming making therein with its consequent in-

fiscal year. President's Ford's proposed fiscal 1976 health budget, which includes \$516,000,000 in proposed rescissions from previous appropriations, calls for possible spending of \$4,546,000,000. an increase of \$7,000,000 or 0.2 per cent over his revised fiscal 1975 budget.

The agencies due for the largest changes in their budgets are the Health Services Administration, for which a cut of 13.1 per cent has been proposed, and the Health Resources Administration and the office of the Assistant Secretary for Health, for which the respectively.

Less money is being asked for HSA Prowashington shell game," Administra- next year because the Administration John often ask for high budgets in wants state and local governments as tracing development of oral compact of impounded Congressionally agency has so far performed. Budget

Much of the increase proposed for the Health Resources Administration budget would finance its new health planning program, and the increase proposed for the Assistant Secretary's office reflects a continuing trend toward the centralization of health policycreased need for staff.

#### The Inflation Factor

Since government budget makers work with constant dollars, there is a certain degree of unreality in the health and other budget proposals the administration has presented to Congress. Inflation affects various government programs differently because among other reasons; equipment-intensive programs tend to suffer from it more than those which do not require expensive research apparatus, and many administrators candidly say that while they know inflation will hurt Administration has requested budget their work, they do not know how increases of 20.4 and 11.3 per cent, badly. Those willing to make guesses put the inflation factor affecting their programs at between 6 and 10 per ---A.F.

#### **ECTOPIC BEAT**

The language gets very strange, we judge after reading a release from the Southern Medical Association that said: "The Southern Medical Association Cancer Information Center has been refunded for a two-

CLINICAL NEWS NOTE: "Our system suffers from inability to validate clinical experience of the more usual type -the experience of the clinician weighs so little in the scale. Physicians. to be sure, are not always right, but they are not always wrong. We should be able to use their clinical experience better than we are now doing." (Dr. Louis Lasagna, see pg. 18.)

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Health budget for 1976 rises only guest opinion by Dr. Dana Farnsworth, 5 Drug therapy foreseen for intracellular Pasteur Institute in deep financial overly repressive ......18

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Marmoset ban said to hamper virus 

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#### **Medical Tribune**

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387

A STATE OF S

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specialists. The study was sponsored out by the Medicine in the Public

Interest (MIPI) which has its pur-

pose the "conducting of studies, per-

forming analysis and making eval-

The bate factor of Directors, Medicine in the Public Interest; Heary K. Oliver, Professor of Hyplens and operating on an objective analysis of porting on an objective analysis of the leading by leading the leading of the leading the l



It's plain to see that you need more than an ordinary topical steroid to clear a dermatitis infected with fungi or bacteria.

Vioform-Hydrocortisone, with its four-way action, provides the kind of comprehensive therapy many common dermatoses\*

This drug has been evaluated as possibly effective for these indications, See brief prescribing information.

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Academy of Sciences-National Research Council and/or other information, Research classified the Indications as follows: "Possibly" effectives Contact or stopic demaities; impetiginized eczema; hummular sczema; infantile eczema; endegenous chronic infectious dermatitis; sasis dermatit

WARNINGS This product is not for ophthalmic use.

adrenal sxis suppression.

May interfere with thyold function tests. Wait at least one month after discontinuance of therapy test for phenylketonuris (PKU) can yield a false-positive result if Violorm is present in the disper

DOSAGE Apply a thin layer to affected areas 3 or 4 time

water; tubes of % and 1 cunce. *Hid bioth* 5 lockenforhydroxy puin and 0.5% hydroth no in a petrolatum base; tubes of Kard I Cansuit complete product liferature below

11BA Prarmaceutical Company Division of CIBA GEIGY Corporation Summit, free Jersey 07901

(iodochlorhydroxyquin and hydrocortisone) 

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uations of present policies that the government cannot or will not perform and to do so in an objective fashion . . . so that policymakers and the public will be informed . . ." Full copies of the Report are available at \$1.50 each from MIPI, Suite 720, 600 New Hampshire Ave., NW, Washington, D.C. 20037. As the medical profession and patients have become increasingly dependent

upon drugs, more and more concern continues to be expressed about their misuse and abuse. Recent reports that thousands of Americans are harmed or suffer fatalities from the side effects of modern medications, publicized most notably by recent hearings of Senator Edward

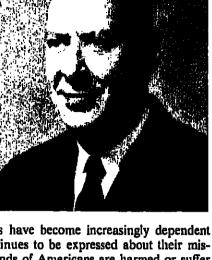
M. Kennedy's Senate Health Subcommittee, have made objective studies of such rumors necessary. Such estimates hope that this study will stimulate the of unnecessary deaths each year, re- development of firmly based and adesulting from medications in hospitals quate knowledge that will indeed proalone, have soared to 120,000 to 140,- mote more effective care for all per-000 yearly needed to be verified.

Medicine in the Public Interest, a non-profit organization devoted to investigation of questions in which Medicine, Law and Government have common concern, has sponsored a study of this question and obtained the best available authorities in the field to do the investigation. Its report, prepared by Drs. Louis Lasagna and Fred Karch of the University of Rochester School of Medicine and Dentistry, with the aid of six of the most knowledgeable consultants in the nation in the fields of pharmacology, statistics, and medicine has very recently been re- manufacturers often find themselves

". . . the data base on which current estimates of the extent of the problem [adverse drug reactions] figured was completely unreliable. Many relatively minor reactions were classified with major ones."

Their study, Adverse Drug Reactions in the United States, did, in fact, show that the data base on which current estimates of the extent of the problem were figured was completely unreliable. Many relatively minor reactions were classified with major ones. Extrapolations of data from acute medical wards were often applied to all other services, resulting in statistics more alarming than accurate. Older more effective care for all persons. standard drugs were found to be as dangerous, or even more so, than those newly developed.

A strong possibility exists that more ideal goal is learning how to use them patients are harmed by not taking as safely as possible, keeping the risk drugs that are specifically indicated for factors low, and maintaining close sutheir illnesses, than by drugs that are pervision for early detection of ideo- again to 51.9 per cent at 18 months. prescribed. No controlled studies have syncratic reactions. Under these cir. A steeply rising trend was recorded by at three months, and remained at been done. Gloomy statements and cumstances their contribution to the the retarded group, reaching 43.8 per about that level thereafter—a trend predictions have added to public un- relief of human suffering is incalculaeasiness and distrust, leading to the ble. hope that such practices should be de-



The directors and members of MIPI

#### **Recognizing Role of Drugs**

Among the radical improvements in easing human misery, the development of drugs of all kinds deserves a very high place. Ever since the demonstration of anesthesia to permit surgical operations without pain in the 1840s, the rate of progress has been constantly accelerating, but so have the unfortunate complications of misuse, either inadvertently or voluntarily. When tragedies occur people look for causes, and thus physicians and drug being criticized, sometimes properly, and sometimes not.

Since drugs can be powerful agents either for good or harm, their adverse effects are of prime interest to everyone, though with different intensity and significance depending on whether one is a recipient or an agent in developing and delivering them. In recent years criticisms, always desirable when indicated, have at times become regrettable when based on constantly changing and insufficient facts.

"The directors and members of Medicine in the Public Interest hope that this study will stimulate the development of firmly based and adequate knowledge that will promote

The use of drugs will always be accompanied by some dangers, but the

it has at the same time become increasingly subject to criticism when those benefits are not equitably shared by all those who need them. Thus the medical profession and its allies in the health care system have become victims of their own successes, in the sense that they can do marvelous things to relieve pain and suffering but often only at a high monetary cost. The poor often cannot benefit from life-saving procedures that are inordinately expensive and may become disillusioned and bitter. Hence a central aim of all those who seek to relieve human suffering is, or should be, making all life-saving and pain-relieving procedures available to all who need them. The cooperation of many persons and professions are needed to achieve this ideal goal.

"The most important recommendations concerns the need for comprehensive studies that will enable reliable data to be obtained . . ."

The most important recommendation of the report concerns the need for developing comprehensive studies that will enable reliable data to be obtained regarding all types of adverse drug reactions. This will be a huge task, undoubtedly requiring federal as well as private funding over a considerable period. It will be expensive, but not as much so as not to do it, especially when measured in terms of hu-

man suffering.

Next week's Current Opinion will present highlights from the MIPI Study Drs. Fred Karoh and Louis Lasagna f the Department of Pharmacology and Toxicology of the University of Rochester School of Medicine and



Dr. Simao Marum, the only physician in Paranapiacaba, a small vilage in the state of São Paulo, Brazil. uses a "railway bicycle" to visit some of his patients. Dr. Marum, who is in his 70s, gave up a comfortable practice in a big city 30 years ago to go to Paranapiacaba. There is a major shortage of doctors in the interior of Brazil, and the government is now offering free housing and better salaries to attract physicians to the area.

#### **Repeated Neurological Evaluation** Of At-Risk Infants Held Necessary

Medical Tribune World Service

Prague—The evolution of at-risk babics is "complicated and unexpected," and great caution should be exercised in making prognoses regard-cing their neurological development, Dr. Vladimir Vlach, of the Institute for Mother and Child, Prague, told the Fourth European Congress of Perinatal Medicine here.

In a population of such infants, he aid, "new groups appear and disappear, normal newborns move from one group to another, the retarded emerge, and minor deviations are extinguished." The repeated neurological examination of at-risk children is therefore necessary, he said.

A study of 700 at-risk children from birth to 18 months found the following, Dr. Vlach related:

In the first week 52.8 per cent were diagnosed as normal, 4.1 per cent as retarded (these were premature), 35.3 per cent had slight neurological deficits, and 2.4 per cent serious deficits.

At three months the number of normal babies dipped sharply, but it rose slight neurological deviations declined in the rest of the babies. markedly to 2.7 per cent in the same Co-authors were Drs. B. Ciperova ferred until teliable data is developed. In dealing with the woes of mankind period. Only the group with serious and Jaroslava Zezuláková.

neurological findings remained almost constant, declining to 1.6 per cent chiefly as a result of four deaths in the first trimester.

#### Excluding Prematures . . .

When prematures were excluded from the study, 59.7 per cent of the remaining neonates were assessed as normal. This figure dropped to 40.7 per cent at three months but rose to 47.6 per cent at 18 months. At three months, 27.4 per cent were retarded, but at 18 months the figure had risen to 48.7 per cent. Many of these had come from the group originally diagnosed as having slight neurological deficits. The latter comprised 38.6 per cent of the total at three months but only 2.6 per cent at 18 months.

separately, a different picture emerged. While 46.8 per cent were considered normal in the newborn period, 80.6 per cent had achieved normalcy at 18 months. The retarded prematures dropped from 33.7 per cent of the total in the first week to 11.8 per cent

comments in current medical and scientific journals.

#### **Needless Diagnostic Tests**

"Unfortunately, most of these needless [diagnostic] tests originate in prestigious institutions connected with medical schools. Often they are performed on individual patients for 'academic reasons.' This is certainly a poor excuse for a needless test. Physician educators must strive to teach house staff and students clinical thoughtfulness and not how to squander money and time on needless and possibly dangerous tests. We should critically review all of our examinations. The ordinary white count can be dangerously misleading when called upon to rule out appendicitis, particularly in the emergency room. Simple contrast studies of the upper pouch in esophageal atresia seem harmless enough when performed by a skillful radiologist. However, we frequently see babies sent in from outlying hospitals whose lungs are flooded with contrast material. They are then at greater risk for pulmonary complications. A contrast study of the upper pouch is a lovely thing to show at conferences; however, we should teach our students that a simple P.A. and later film of the chest with a radiopaque catheter is all that is necessary. . . .

"These are only a few of the many unnecessary tests which are being recommended and performed in our teaching hospitals. Unfortunately, the iden soon gets around that not to perform a given test is close to malpractice. Consequently, outlying institutions feel compelled to overuse and rely on them unduly. New diagnostic tests should be subjected to the same vigorous evaluation as new drug therapy." (Editorial, John G. Raffensperger, M. D., J. Ped. Surg. 9:807, Dec.,

#### Radionuclides Advantages

"The emergence in the past 20 years of nuclear medicine as a distinct diagnostic discipline has been a major clinical advance. . . Application of these radionuclide techniques to the study of coronary artery disease has been quite recent . . . However, realization of the potential usefulness of these techniques has fostered an increasingly productive liaison between the two specialties.

"The potential advantages of these radionuclides in evaluating patients with cardiovascular disease is twofold: first they may permit the noninvasive or atraumatic acquisition of data that might otherwise be obtained only at Contraindications. Sinequan is contraindithe time of cardiac catherization, cated in individuals who have shown hypersecond, and perhaps more important, sensitivity to the drug. they may permit the acquisition of physiologic measurements or observa- with glaucoma or a tendency to urinary retions not attainable by more conventional modes of study. Functionally, these techniques can be divided into those that evaluate cardiac performance and those that evaluate coronary blood flow, regional myocardial perfusion and myocardial viability." (Editorial, Barry L. Zaret, M. D., Law. rence S. Cohen, M. D., Amer. J. Cardiol. 35:112, Jan., 1975)

14.

SLEEPING BETTER... Even before it helps her clinical depression/ anxiety, Sinequan (doxepin HCI) can help her sleep The sedative effect of Sinequan usually helps clinically through the night. depressed/anxious patients with accompanying sleep disturbances fall asleep more easily. remain asleep, and awaken more rested Administering the major portion of the daily dose h.s. generally obviates the use of supplementary hypnotic agents The marked antianxiety property of Sinequan is particularly helpful in relieving apprehension, tension and worry. Optimal antidepressant effect is usually seen two to three weeks after initiation of therapy 

BRIEF SUMMARY Sinequan<sup>e</sup> (doxepin HCI) Capsules

Warnings, Usage in Pregnancy: Sinequan has not been studied in the pregnant patient. it should not be used in pregnant women

unless, in the judgment of the physician, it is easential for the wellare of the patient, although animal reproductive studies have not resulted in any teratogenic effects.

Usage in Children: The use of Sinequan in children under 12 years of age is not recommended, because safe conditions for its use have not been ealablished.

MAO Inhibitors: Serious side allecis and even death have been reported following the comitant use of certain drugs with MAQ inhibitors. Therefore, MAO inhibitors chould be discontinued at least two weeks prior to the cautious initiation of therapy with Sinequan (doxepin HCI). The exact length of lime may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

Prepautions. Since drowsiness may occur with the use of this drug, patients should be warned of that possibility and caulioned against driving a car or operating dangarous machinery while taking this drug.

Pallents should also be cautioned that their response to alcohol may be potentialed. Since suicide is an inherent rick in any depressed pallent and they remain so until

mgnificant ingrovement has occared? trunts should by closely superiord is the early course of therapy.

Although Binequan (dozepin HC) sky oil-card transposizing activity, the post ily of activation of psychotic system. should be kept in mind. Cither structurally related psycho

poutic agents (e.g. iminodicente. dibenzocyclohoptenes) are capableditt ing the effects of guanethidine and shall acting compounds in both the sales ellers in animals. At the usual chief 806, 75 to 150 mg, per day, Sinequal of given concornizatily win guaratide antihypenensive effect. At doses of 100 ft per day or above, Strequen does significant blocking effect. In addition

Sinequan (doxepin HCI) was similar to the other structurally related psychotherapeutic agents as regards its ability to potentiate norepinephrine response in the animal. However, in the human this effect was not seen. This is in agreement with the low incidence of the side effect of techycardia seen

Adverse Reactions. Anticholinergic Effects: Dry mouth, blurred vision, and constipation have been reported. They are usually mild, man Smequan, however, does not see reduction of dereduction of dose.

Central Nervous System Effects: Drowsiness has been observed. This usually occurs early in the course of trealment, and tends to disappear as therapy is continued.

Cardiovescular Effects: Tachycardia and hypotension have been reported infrequently. Other infrequently reported side effects

include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as increased sweating, weakness, dizziness, fatique, weight gain, edema, paresthesies, flushing, chilis, tinnitus, photophobia, decreased libido, rash, and pruritus.

Dosage. For most patients with illness of mild to moderate severity, a starting dose of 25 mg. t.l.d. is recommended. Dosage may subsequently be increased or decreased at appropriate intervals and according to Individual response. The usual optimum dose range is 75 mg./day to 150 mg./day.

In more severely ill patients an initial dose of 50 mg. Ll.d. may be required with subsequent gradual increase to 300 mg./day if nacessary. Additional therapeutic effect is rerely to be obtained by exceeding a dose of

300 mg./day. in patients with very mild symptomatology

or emotional symptoms accompanying organic disease, lower doses may suffice. Some of these patients have been controlled on doses as low as 25-50 mg./day. Although optimal anildepressant response

may not be evident for two to three weeks, antianxiety activity is rapidly apparent. Supply. Sineguan (doxepin HCI) is available es capsules containing doxepin HCI equivalent to 10 mg., 25 mg., 50 mg., and 100 mg. of doxepin in bottles of 100,1000, and unitdose packages of 100 (10 x 10 e)

More detailed professional information avallable on request.



#### **Marmoset Ban** Said to Hamper Virus Research

By James Magee Medical Tribune World Service

MILAN, ITALY—A conservationist embargo on exports of marmosets from countries in South America is hampering research on hepatitis A and certain cancer tumor viruses, Dr. Frank T. Perkins, president of the International Association of Biological Standardization, warned here. The ban has come at a time when research progress has brought a vastly expanded need for the

Until recently, the United States imported a few thousand a year. Now the supply has been cut off completely while the demand has jumped several

World requirements for the animals now estimated at 50,000 annually, but early last year the countries of the Upper Colombia Basin-Brazil, Peru, and Colombia-banned all exports. Only a handful of laboratories in the United States are breeding them in captivity. The crunch has come during the past four or five months, and investigators at a viral hepatitis symposium of the International Association of Biological Standardization here made a plea for a supply of the small primates.

"As it is, the ban is serving neither conservation nor scientific research," said Dr. Perkins, "The animals are now being smuggled out of South America under such conditions that most of them are either dead or dying by the time they reach the black market in Europe, where dealers are offering them for about \$100 per animal."

#### **Breeding Called the Answer**

Breeding marmosets is the only realistic answer to the problem, according to Dr. Friedrich Deinhardt, of the department of microbiology at Rush-Presbyterian-St. Luke's Medical Center in Chicago. "We saw this coming and have been trying to convince interested scientists to begin for the past 10 years."

The laboratory at Rush-Presbyterian began breeding marmosets in 1961 and now produces some 300 animals a year. But there are none to spare since the laboratory's own needs outstrip this

supply.
"We started to use them for tumor virus research, but in insignificant numbers." Dr. Deinhardt told MEDICAL TRIBUNE, "The number needed increased considerably when it was shown that marmosets are susceptible to hepatitis A, in addition to six different lumor viruses, including one possible human tumor virus. They are also susceptible to slow viruses. And marmosets are really the only or the best model."

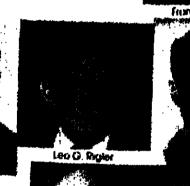
Earlier attempts to transmit hepatitis A or B to chimpanzees produced equivocal results, he noted, due to the fact that they often pick up hepatitis from man after capture, get a subclinical infection, and develop immunity before laboratory experiments can begin. In addition, they are costly to breed in captivity in comparison with marmo-

Literally hundreds of the best minds in medicine author-Itatively answer the questions of Medical Tribune readers through the "In Consultation" series. Photographs of some who have contributed recently appear on this page. Throughout the world over 500,000 doctors get the medical news first, fully and accurately through















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Separately staffed editions of Medical Tribune in London, Paris, Wiesbaden and Tokyo reach approximately 225,000 doctors.

Colon Polyps Are Removed During Fiberscope Studies

Medical Tribune World Service
Recovery of a transintestinal

MEXICO CITY-In 1,523 colonoscopic incarcerated in the upper sigmoid examinations with the fiberglass endo- colon, as well as the pellet-filled guide, scope at the University of Erlangen- with the aid of a hook fixed to the tip Nuremberg, West Germany, the pri- of a flexible tube introduced through marily diagnostic procedure was at the instrument channel of a colonothe same time a therapeutic one in 226 scope.

emoval of polypoid lesions, the ex- intestinal lumen of about 10 per cent raction of foreign bodies, the removal nent with injections, electrocoagula- moved with the biopsy forceps, it was tion, and partial electroresection of inoperable malignant tumors.

"The removal of polyps with the high-frequency diathermy snare must today be considered the method of choice," Dr. Peter Frühmorgen told the Third International Congress of Gastrointestinal Endoscopy here.

"Compared with the more time-consuming and personnel-intensive surgical method, it represents a less stressful and risky method for the patient. When invasive carcinoma has been excluded by the workup, this primarily diagnostic procedure represents a therapeutic measure, as it also does in the Kurl Harcher case of bleeding or invagination-prone

#### 222 Polypoid Lesions Removed

A total of 222 polypoid lesions were removed by this method. An open snare that can be turned through about 120° was developed for the removal of larger pedunculated or multilobed polyps. With this instrument, the size ing unsuccessfully treated by injection. and form of the head of the polyp no longer represents a limiting factor for esection, Dr. Frühmorgen said.

He stressed that not blopsy but only complete removal and histologic examination of the polypoid lesion can provide the necessary information on biological nature.

Other procedures carried out by the West German team with the one- or two-channel endoscope were:

• Recovery of a transintestinal tube

• Removal of nonabsorbable suture material observed to be invading the of all patients examined postoperanonabsorbable suture material, treat- tively. When a suture could not be refirst divided with the aid of a special high-frequency diathermy probe and then removed with the forceps.

 Sclerosing by injection for the first time of solitary vascular hamartomas in the caecum and transverse colon through the use of an injection cannula located at the tip of a flexible Teflon tube introduced through the instrument channel.

Hitherto, Dr. Frühmorgen said, injections performed with the aid of the endoscope were limited to the local treatment of gastric ulcers or early carcinomas. However, the new procedure was successful only in individual cases, and because of the danger of artificially induced bleeding and the frequent necessity of repeated injection, it was decided to manage these lesions by electrocoagulation.

 Electrocoagualtion of hemangiomas with the use of a flexible coagulation probe in a patient with recurrent intestinal hemorrhages of 10 years' stand-The patient has been symptom-free for lwo years.

A hemangioma in the caecum of another patient was scierosed during the phase of acute hemorrhage, averting laparotomy.

Nevertheless, because of the danger of perforation the procedure was not considered to have reached the stage of general clinical application.

• Partial electroresection and coagu- snare, a palliative measure, was con- of bleeding from carcinomas.

Identifying Candidates for Fatal Attack

It is now possible to identify persons most likely to die from a sudden heart attack, according to Dr. Charles Oliver, of Washington University, by using a portable heart-monitoring device and a small IBM computer to pick up premature ventricular contractions usually given off before a sudden and fatal heart attack. Superimposed here is an abnormal heart "blip" identified with arrow and V by computer. Lower tracing shows normal heart beats.

anticipation of resuming sexual ac-

tivity—may produce increases in testo-

Women Less Consistent

clation with orgasm than did the men.

Dr. Kolodny said, but those who

showed increases did so by much

As with the men, there was no cor-

perience. There was also no associa-

tion between the phase of the men-

strual cycle and the endocrine response

to sexual activity of either the male or

Discussing the possible effects of

high and low levels of testosterone,

The women among the volunteer

sterone levels in men."

higher percentages.

female partner.

lation of inoperable malignant tumors sidered to be of probable utility in the by use of the high-frequency diathermy prevention of ileus and in the treatment

#### Testosterone Link To Sex Activity Uncertain

By FRANCES GOODNIGHT

Medical Tribune Staff New York-A study of 12 heterosexual couples has shown that sexual activity including intercourse does not pecessarily produce an increase in the plasma testosterone levels of either man or woman, Dr. Robert C. Kolodny of St. Louis reported here.

Dr. Kolodny, who directs the endowhe research section of the Reproductive Biology Research Foundation, basis," Dr. Kolodny said. Yet at the said the study also showed no correla-same point in sexual activity other men tion between the "intensity of the orgasmic experience" as described by decrease in testosterone. either partner and any change in testosterone level.

The first finding differs from obser-Vations on animals since coital stimula- terone levels. Masturbatory activity tion causes levels of this hormone to (self-stimulation or partner-stimulatise in such diverse species as the tion) that led to organic caused only rabbit, bull, and rhesus monkey, Dr. minor increases. Kolodny told the annual meeting of The reported intensity of the orthe American Association for the Advancement of Science.

volunteers not patients and did not teinizing hormone levels was observed have any form of sexual dysfunction, before a testosterone rise. investigator noted. Furthermore,

the sexual activity took place in the privacy of the couples' homes. They measures during a week-long abstidrew their own blood samples, ap-nence from sexual activity. Dr. Kolodny proximately 30 minutes before the start continued. But findings from a sepaof sexual activity, immediately prior to rate study suggest "that longer periods coitus, and within one minute follow- of sexual abstention-combined with

One-third of the men demonstrated a 20 to 50 per cent increase in circulating testosterone levels in association with orgasm "on a very consistent wed little change or even a slight

Sexual play, with or without intercourse not leading to orgasm, did not produce significant increases in testos-

gasmic experience was uncorrelated with change in plasma testosterone, Participants in the human study were and no clear-cut preceding peak in lu-

The men showed no consistently

factors are usually secondary in importance to psychosocial ones in human sexual behavior." He pointed out, however, that an-

drogen is a major biologic determinant of libido. Women who have undergone bilateral adrenalectomy "frequently report diminished interest in sex and decreased sexual responsitivity" and the human male without adequate androgen support "typically reports both a lowered interest in sex and decreased effectiveness in his sexual functioning."

If men with such symptoms have couples had less consistent increases of testosterone levels that can be documented as subnormal, he commented adequate replacement of the hormone will often relieve the problem even though "psychological counseling may be required" to help the patients deal with fears and feelings of inadequacy relation between endocrine change and that developed because of the impothe reported intensity of orgasmic ex-

Dr. Kolodny said that studies made at the St. Louis research center of more than 300 impotent men have shown that testosterone levels in impotence are usually normal unless an organic process affecting the endocrine system is present or unless there is Dr. Kolodny emphasized that "biologic drug-induced impotence.





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without mist scema is contraindicated and possibly hazardous.
WARNINGS
Use with caution in severe rang disease, in patients with rangi disease, thiszides may precipitate azotemis. Cumulative effects of the drug may develop in patients with impaired rangi function. Thiszides should be used with caution in patients with impaired hepatic function or progressive liver of the drug minor alterations of fluid and elecwith impaired repaire function or progressive liver disease, since minor alterations of fluid and electrolyte imbalance may precipitate hepatic coma. Thiazides may be additive or potentialive of the action of other antihypertensive drugs. Potentialic occurs with ganglionic or peripheral advenergic blocking drugs.

occurs with gangitoring of perphysial surenergic blocking drugs. Sensitivity reactions are more likely to occur in pa-tients with a history of allergy or, bronchiel asthma. The possibility of exacerbation or activation of systemic tupus stythematosus has been reported.

systemic lupus erythemaiosus has been reported.
Usage in Pregrancy
Usage in Pregrancy
Usage of thiazidas in women of childbearing age
requires that the potential benefits of the drug be
weighed against its possible hazards to the fetue.
These hazards include fetal or neonatal jaundice,
thrombocytopenia, and possibly other adverse
reactions which have occurred in the adult.
Nursing Mothers
Thiazides cross the placental basiles.

ig mothers descross the placental barrier and appear in

nausea or vomiting.

Hypokatemia may develop with thiazides as with any other polent diurette, aspecially during brisk diurests, when savere currings is present, or, during concomitant administration of steroids or ACTH. Interference with adequate oral intake of electro-lytes will also contribute to hypokalemia. Digitalis therapy may exaggerate metabolic effects of hypo-kalemia especially with reference to myocardial

Any chloride deficit is generally mild and usually does not require specific treatment except under raties disease.) Dilutional hyponatremia may occur in edematous patients in hot weather, appropriate tion of salt, accept in rare instances when the hypoting agreement is life-threatening. In actual salt debtechoice.

Transient elevations in plasma calcium may of cur in patients receiving intazidea, particularly in 16.000 with hyperparathyrobitism. Pathological changes in the parathyroid gland have been reported in a time patients on protonged thiazide therapy. Hyperuricemia may occur or frank grait may be precipitated in certain patients. Insulin requirements in diabetic patients may be increased, decreased, or unchanged. Latent diabeties may become manifest during theside administration. Thiazide drugs may increase the responsibilities to tubocurarine. The antihypericasive effects in the drug may be enhanced in the post-sympathetic time.

patient, Thiazides may decrease arterial responsibilities may decrease arterial responsibilities to decrease arterial responsibilities are decreased in the pressure agent to therapeutic use.

preclude effectiveness of the pressur agent for therepeutic use. If nitrogen retention inducates onset of prograssive renal impairment, consider withholding or discontinuing direct therapy. This idea may decrease serum per levels without signs of thyroid disturbance. ADVERSE REACTIONS Gastrointestonal.

ADVERSE REACTIONS

Gastrolitesiumi—enorexia, gostric irritation, nauscastrolitesiumi—enorexia, gostric irritation, nauscas, vomiting, cramping, diarrhea, contrapation, jaundice (intrahapatic Chofestatic), pantreatitis, central Nervous System—dizzinesa, vertigo, marca, intelas, headacha, kantroptia. Dermatologi, trypor sensitivity—purpura, photosensitivity, rasm, urricatia, nacrotizing angilitis, selvens-intrason yrricoma, and other hypersensitivity reactions. Hermatologic—leukopena, agranulocytosis, income orthosistic hypotension may decur and may be other—inpergiscensis, gryphuria, hyperuricemia, income orthosistic hypotension, harbiturates, or narcottes.

niuscle sparm whiteres, resiesses was adverse reactions are included to seek a ficting of the mind of the treat.

DOBAGE

OGRAGE
Individualize disage by liveting for mace including for entering all the course possible included the course possible including the course possible including the course of the c added gretually and with couldnowed Glentisting effect of the drug. Ossessing One, blockers around be haired. Ossessing One, blockers around be haired. As a second was found to the second of the sec

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The Only Independent Weekly Medical Newspaper in the U.S.

and Medical News

#### A Moratorium on Research . . .

which they lead.

medical research than the well-to-do. a research moratorium on blacks, chimore heavily represented among re- would then be discriminated against search subjects than is the general and would be represented in research

A ND NOW comes the proposal that society should consider a "mora- been put forth to "protect" mentally torium" on the participation of the defective and even normal children, poor in medical experimentation. This the unborn fetus, the pregnant woman, suggestion is a "logical" extension of prisoners and patients in mental instiprior events and points the direction in tutions, we are well on our way to the ultimate reductio ad absurdum-The proposal was made because the a moratorium on all biomedical repoor are more often the subjects of search. One must recognize that in fairness to the non-poor, non-black, For the same reason, should there be non-ethnic, non-prisoner, non-fetal, non-pregnant population and to the canos as well as certain ethnic subjects mentally normal that they too should such as Puerto Ricans, who may be not be included in research since they programs disproportionately to their Since rigid restrictions and propos- numbers in the diseases investigated.

#### ... Victimizes the Sick ...

Because the poor and the minority groups have a higher incidence of of research on sickle cell anemia morbidity and mortality, because the blacks or whites? Who will suffer by mentally deficient and psychiatric pa- the termination of research on mental tients are already suffering serious dis- deficiency, the normal or the mentally abilities, the proposed moratorium on retarded? Who will suffer by terminaresearch would condemn to a continua- tion of research on diseases and distion of their disadvantaged and un- orders of pregnancy and of childhood happy state the very individuals whom as well if not the pregnant woman and this proposal purports to protect. the child?

#### ... With No Moratorium on Disease

HERE IS NO moratorium on disease ment" of man in his age-old fight A and the disabilities imposed by against disease and its destruction of metabolic and congenital disorders. life. As long as there is no morato-What is being proposed is actually rium on disease, there can be no mora-an insensitive "unilateral disarma- torium on research. A.M.S.

#### Deçision Analysis

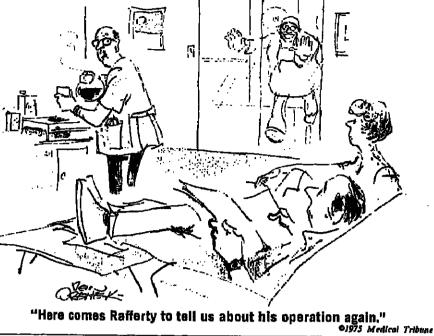
I Journal of Medicine discussed "The reference is to statistical decision and the decisions relatively easily matical calculations of possible con- complex calculations may be necessary sequences in order to develop a decision analysis.

was chosen to demonstrate the mathe- a computer. It seems fairly clear that matics utilized to decide whether or decision theory will one day be the not to institute prophylactic heparin course that will be followed for treattherapy following myocardial infarc- ment, as well as diagnosis, in the hostion. The variables involved are the age pital once that area has un of the patient, the incidence of deep having its clinical experiences stored yein thrombosis in such a patient, how within a computer's memory. often embolization occurs in the latter circumstances if anticongulation is be- Journal of Medicine also dealt with gun at that time rather than prophy- decision analysis and clinical judgment. death ensues, and how often anticoagu"now finding application in industrial lation itself is hazardous and results in management, economics and governmorbidity and death. The incidence of ment." The current record of decisions these events varies not only with the in all three of these areas, however, is age of the patient but whether he has an unenviable one. Even when comvaricose veius, whether he has had a puterized and instantly available, the

AST YEAR, an article in the Quarterly ticular hospital where he is admitted. Once the different probabilities are Application of Decision Theory to the available—as they were made to be in Prevention of Deep Vein Thrombosis this example—the calculations are Rollowing Myocardial Infarction." The fairly straightforward, though tedious,

theory, which utilizes formal mathe- arrived at. In other instances, more but, in any event, what was dealt with here was in a Yes-No, or binary Prevention of deep vein thrombosis format, which is of course red meat to

In 1973, articles in The American lactically before thrombosis, how often Decision analysis was described as



#### LETTERS TO TRIBUNE

The Coin's Other Side

In my judgment your January 2nd editorial regarding government efforts to control the cost of medical care reflects a "bunker mentality" which is widespread among physicians. It is very true that unwise government intervention can be oppressive and can interfere with quality care, but there is another side of the coin which we tend to ignore. Medical care costs now approximate 100 billion dollars annually (about 8 per cent of the gross national product) and shows every sign of going higher. Furthermore, any physician who has worked on a hospital utilization committee knows that costs can me trimmed in some areas without reducing the quality of care.

The only policy that makes sense is combination of vigorous efforts to climinate wasteful medical care practices and firm opposition to any government moves which would interfere with the quality of care, Admittedly it is difficult at times to tell which is which, but we can expect to retain the confidence of our patients and the respect of the government only if we show a balanced concern for care and

ROBERT D. GILLETTE, M. D.

#### Recertification Comment

Re all specialty boards be committed to recertification (MT, Jan. 22), would like to comment:

A group of physicians appears to have decided that recertification is inwould not venture into a broad study such as this without prior doubleblinded controlled studies to show that the undertaking is of value.

I know of no evidence in any medical journal that shows that recertification will improve the quality of medical care. I do know that it will increase the cost of medical care.

I would feel that a pilot study showing that the quality of medical care would be improved be done prior to previous thromboembolism, whether results of decision analysis themselves the requirement for recertification. he is a smoker—and according to ex- must be subjected to rigorous criticism. Also, I would feel that the Diplomates perience of all these events in the par- on the basis of centinuing experience. of the various boards, not the execu-

tive committees who are universitybased physicians, be polled to determine whether or not they feel that the recertification should be undertaken.

DAVID S. BLOOM, M. D., Diplomate, American Board of Internal Medicine; American Board of Gastroenterology San Rafael, Calif.

Your headline "All Specialty Boards Committed to Recertification", (MT, Jan. 22) is very incorrect.

You shouldn't publish anything like this which appears to be a fact completed. Nothing can be more from the

We are not accepting recertification, and all specialty boards are not committed to it.

I am an Orthopedic Surgeon, and I know that my boards and the Orthopedic Academy have voted down the acceptance of recertification.

I wish you would make a correction report in the headlines on page 1, in your next issue.

IRVING E. MINER, M.D., P. C. Manhasset, N.Y.

Dr. William A. Larmon, executive secretary of the American Board of Orthopaedic Surgery, Inc., told MT that the Board representative voted affirmatively at the March 29-30, 1973 meeting of the American Board of Medical Specialties "that A.B.M.S. adopt in principle, and urge concurrence of its member boards with the portant for reasons that I am unable policy that voluntary periodic recertifian integral part of all national medical specialist certification programs." However, the Board has not as yet, Dr. Larmon said, moved toward implementation of recertification. Dr. Charles Heck, executive director of the American Academy of Orthopaedic Surgeons. noted that the Academy has "voted against mandatory recertification and recertification by examination at its annual meeting in 1969, but the principle of recertification, provided it is done through continuing education, is: quite acceptable."

HE'S THE BEST DOCTOR

I'VE MET SO FAR

WHAT IS IT

THAT YOU LIKE

ABOUT HIM

by Oldden

## Aneurysm Bypass Reverses Flow in Aorta

dynamically in the Center's laboratothe carotid blood circulation," he an axillary iliae graft and measuring ries, Dr. Absolon said, but last April added. "While he was on dialysis there the pressure and flow through the 24 marked the first time—to the best was probably an extension of the disof his knowledge—that it had been section. performed successfully in a clinical setting.

#### Aneurysm Ruptures

Dr. Absolon said the patient had had a type 3 dissecting ancurysm for some time. Months of antihypertensive therapy had failed to control his blood pressure.

"Then," Dr. Absolon said, "the proximal component of the dissection excision of the dissection and replaceenlarged and finally ruptured. Fluid as-ment with a Dacron graft. pirnted from the chest was bloody.

"While this was happening he went into renal shutdown and lost conscious-

"In addition, he also had some coagulopathy," he said.

The situation was "ominous," Dr. Absolon said, and according to a literature search, no patient who had dissected while on dialysis had survived. Because of the patient's condition,

Dr. Absolon and his colleagues were reluctant to put him on a heart lung

"We decided to go ahead with the

"One rather bothersome thing was that several papers in the literature stated that if you put a graft like this in dogs, this retrograde pertusion of the viscera invariably produces main tion," he said. "This did not make any sense, however, because our flow and pressure measurements did not indicate such an effect."

The Hospital Center team then conneeted the subclavian and diac arteries. with 20-inch Dacron grafts inserted bilaterally just outside the patient's ribprocedure we had developed hemo- were clamped off, the Dacton grafts dynamically in the laboratory," Dr. took over the circulation and re-routed

the blood up through the ilian to feed the organs of the at Clinical Trials The ancurysm was then exist

Wednesday, February

The normal north measure 2.5 cm in diameter, so that the at 1 , cm. diameter each wo. vide the same capacity, Dr. & said in explaining the reasoning the bilateral implants. If se happened to one of the gre added, the other would provide

"The patient responded will operation." Dr. Absolor sid; cather surprisingly, his blodge returned to normal without to

#### Value in Specific Circumstan

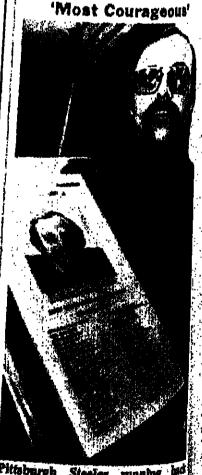
Dr. Absolon said the patients medications now are aspiring Pytodomole, for his peripheral ve disease

Dr. Absolon said he would me this procedure as a panacea" b placement of aortic ancurysis feels that it has value in special cumstances

This might include patients in a hypass is contraindicated, ad patients on dialysis, or patients congulation defects, he said. On solute Indication would be in a pi with a graft that had become his: or a patient who has an empan well as a graft, which would on indicate placement of a second

"Other indications might best racic ancuryam in the present d infection, a pseudoaneurysm folio a frauma, and perhaps some as extensive conretation of the son; sald.

Dr. Absolou's paper on the padure was scheduled for publicate the February issue of Surgery.



Pittsburgh Steeler running had Rocky Bieler, who was wounded Victam and had two leg oper tions, with the possibility that it might never again walk normally was honored by the Philadelphis Sports Writers Association as the Most Courageous Athleta of 1974

**Drug Therapy May Remedy An Intracellular Heart Defect** 

MARCO ISLAND, FLA.—A strong possibility for a drug therapy to remedy an intracellular defect in diseased heart muscle is emerging from some systematic studies of the molecular activity that occurs when such a muscle cell contracts and relaxes, according to a report here by Arnold Schwartz, Ph.D., Professor of Cell Biophysics at the Baylor College of Medicine.

The key to heart muscle cell contraction and relaxation—the link between the electrical and mechanical processes-is the charged calcium ion. Ca". At the cell sarcomere, Dr. Schwartz told the American Heart Association's Second Science Writers Forum here, Ca\*\* serves to "open up" a specific site on the actin molecule. which triggers a yet unknown force generating mechanism between the actin and myosin-and causes contrac-

#### Very Active 'Relaxation'

"Relaxation" of the cell is not what the word implies, Dr. Schwartz said. It is a "very active process" in which the cell's sarcoplasmic reticulum "pulls calcium away" from the site it occupied to trigger contraction. During the heyday of heart transplantation at Baylor, Dr. Schwartz and colleagues minutely examined 35 diseased hearts removed from transplant patients. In all of them, regardless of the causes of the disease, the investigators found a specific defect in the heart cell sarcoplasmic reticulum. The only other common characteristic of the hearts was that

they were deficient in pumping ability. Since then, Dr. Schwartz and associates have been working with dogs in an effort to mimic the failures of the heart muscle cell transport system. Following a lead furnished by Dr. Burton Pressman of the University of Miami, they have been using an experimental antibiotic, RD 2-2985, which is an "ionophore" that has an affinity for such ions as calcium and can move them across membranes.

In dogs pre-treated with the drug and then having coronary artery ligation and induced infarction, the pumping action of the heart is not nearly so decreased as it is in untreated animals, Dr. Schwartz said. If this drug or derivatives of it prove suitably non-toxic. he said, there seems to be a-potential for its "extreme value" in warding off

cardiogenic shock associated with infarction, and possibly for supporting the diseased heart with chronically flagging contractility.

#### Hypercholesterolemia

A drug intervention in the deranged metabolic process associated with familial hypercholesterolemia appears possible from results of an inestigation at the University of Texas Southwestern Medical School at Dallas —if the phenomenon seen in human cell cultures can be reproduced in vivo.

Dr. Joseph L. Goldstein, head of the school's Division of Medical Genetics, reported here that the work had disclosed a specific receptor site on the surface of cultured normal fibroblasts that binds low-density lipoproteins, which contain cholesterol in its physiologic form. When cholesterol moves into the cell, it causes a rapid decline in enzyme activity that the cell normally uses for its own biosynthesis of cholesterol and shuts off the intracellular production of it.

But in cells from patients with familial hypercholesterolemin, the binding site for low-density lipoproteins is faulty; the cells continue to produce cholesterol no matter how much of it may be outside.

TEL AVIV-The Egyptian soldier re-

sists infections better than the Israeli,

recovers faster from his wounds, and

suffers fewer complications, according

to a study performed following the

Aviv University and the Assaf Har-

cfush Hospital, near here. Their con-

clusions were published in Harefugh,

the journal of the Israel Medical Asso-

ciation. The study dealt with 372 Is-

raeli soldiers and 118 Egyptian pris-

oners of war. The two groups were

similar in age and received similar

treatment for similar wounds from

a partial explanation for the findings,

the investigators said, was the fact,

One difference, however, that gives

Yom Kippur War.

same doctors.

Found to Excel in Wound Recovery

The investigators were physicians at Egyptians who lived long enough to

the Sackler School of Medicine of Tel be picked up by their captors, while

that the Israeli soldiers had mostly re- tos Kassimos, of Salonica University.

In an attempt to bypass the faulty site, Dr. Goldstein's group discovered that cholesterol in a non-protein form can gain entry to the cell without depending on the receptor. Once inside, the cholesterol suppresses cell synthesis as it should.

Assuming that cholesterol itself would not be an appropriate therapy for hypercholesterolemic patients, the investigators have come up with several cholesterol analogues—7-ketocholesterol is one—that can get into the cell and specifically suppress cholesterol synthesis, and do it at intracellular concentrations less than a hundredth of that required for cholesterol to produce the same effect.

Transferring the effect from the culture to the whole patient may not be possible with the cholesterol analogues now in use, Dr. Goldstein said, but it seems likely that some analogue can be devised to bypass the faulty lipoprotein site and reverse the syndrome of familial hypercholesterolemia, which he calls "the most common simply inherited disorder in man."

Heterozygote frequency of the disorder in the general population is about 1 in 500; among survivors of myocardial infarctions the frequency is 1 in 20. Only about one person in a million is homozygous for the disease—is born with a blood cholesterol of 1,000 mg. per 100 ml. and dies of myocardial infarction by age 20.

six to eight hours, whereas the Egyp-

tians had mostly received no or inade-

quate first aid and were hospitalized

Thus, the report said the wounded

one or two days after being hit.

Greek Infant Death Rate

Medical Tribune World Service

per thousand as against 38 per thou-

## Egyptian Soldiers in Israeli Hospital

develop hypertension, while others get to the 36th week and then we deliver most at risk." ceived first-aid treatment shortly after being hit and were hospitalized within

eclampsia, grand mal seizures, and to severe growth retardation of the fetus, he said. In fact, he added, the fetus should be referred to as the second pa-

#### Can Modify Eclampsia

many of their comrades died, were t selected population exemplifying the principle of the survival of the fittest. ATHRNS-The death rate of infants modify it with rest," Dr. Gant said. (0-11 months) in Greece is now 30

blood pressure down is not appropriate, he said, because the reduced blood flow reduces the functional pla-

Now, for both aspects of constipation

sluggish bowel and hard dry Announcing stools (standardized senna concentrate and dioctyl sodium sulfosuccinate) a unique natural laxative <u>plus</u> a classic stool softener

Provides a unique natural laxative—standardized senna concentrate...virtually colon-specific Provides a unique natural ravative—equivalent service comprising thousands of patients...effectiveness documented in numerous published studies comprising thousands of patients. Provides a classic stool softener—DSS....complementing the laxative action by softening !

Comfortable, predictable evacuation ... a bedtime dose of SENOKOT S Tablets usually induces comfortable evacuation the next morning, allowing uninterrupted sleep: SENOKOT & Tablete aid comfortable evacuation the next morphy; allowing uninterrupted sleep; SENO in rehabilitation of the constipated patient by facilitating regular elimination.

Indications: SENOKOT S Tablets offer welcome relief in functional constipation when combined neuroperistalitic stimulation plus stool softening is indicated, especially for the aged; postpartum and postoperative patients; drug-induced constinuity is indicated, especially for the aged; postpartum and postoperative patients; drug-induced constination; cardiovascular patients and those with hemorrhoids. Dosage (preferably at bedtime): Adults: initial Dosage: 2 tablets and those with b.i.d.). Children (above 60 lb.): I tablet (max. dose—2 tablets b.i.d.). To meet individual requiredose is established. Supplied: Bottles of 30 and 80 tablets.

Purplied: Frequency.

PURDUE FREDERICK

#### **'Roll-Over' Test** Flags High BP Of Pregnancy

Continued from page 1 stand around for 15 minutes, they would rather take a blood sample and send it off to the lab, so we wound up with our nurses doing it," Dr. Gant

If the diastolic pressure rises more than 20 ml. Hg. above the constant base-line reading, the patient has a 90 per cent chance of developing hypertension, he said.

#### 'Little We Can Do'

"Please don't make me out as a zealot for this screening test," Dr. Gant told a press conference later. "There is little we can do for them except lower their physical activity. If I had a drug to give them, I would demand that every physician give the test, but I don't have a drug." However, he did advocate the test for pregnant teen-agers, who with an incidence of 20 to 25 per cent, represent the highest risk group. It should be done between the 28th and 32nd week, he said.

"If we have beds, we admit such patients for rest; if we have no beds we watch them carefully as outpatients. Many of them get to term and then them. Those who do not develop the hyperionsion early on are the ones

The hypertension may lead to

which develops many weeks before we can measure the changes with a blood pressure cuff. In many patients the changes occur 14 to 16 weeks before the development of hypertension. But if we can detect the disease we can

Medication to bring the mother's sand 10 years ago, but is still high in comparison to other developed European countries, according to Dr. Chriscental reserve for the baby."

Medical Tribune World Service PARIS-The famed Pasteur Institute, ister of Health, who will decide. But source of medical research that has first she has called for information, and scribed as a plumber's mehtman. carned eight Nobel prizes and a world resource in the understanding and

Traditionally 70-80 per cent selfsupporting, but with an increasing gestions recorded for later analysis. operating deficit and outmoded and crowded facilities, the Institute faces the need for greatly increased Government financial support; so desperate is than the present working deficit. An the situation, in fact, that it is seriously

In 1973 Institute director Jacques Monod, Sc.D., drew public attention to the difficulties facing the research center, as it headed into its sixth consecutive year of worsening finances.

#### See One Man and Medicine, pg. 18

"If we are to survive, then we must accept the fact that we have to become French neo-classic to the glass and the U.S. West Coast, this would be a more and more dependent on state steel of the recently-constructed moleaid," Henri Perrier, the Institute's cular biology wing. principal spokesman, told Medical TRIBUNE here. "At present state help amounts to about 20-30 per cent of our income. If we are to keep going, this assistance will have to be virtually

Pasteur Institute in Deep Financial Trouble In the end it will be Madame Simone are weak, and the maze of ancient Veil, France's tough-minded new Min- piping that brings electricity, gas, and

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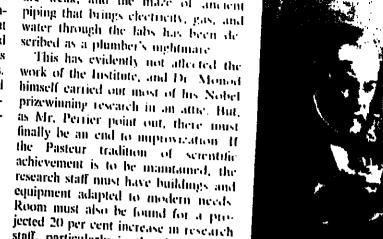
the whole Pasteur organization is being reviewed by Government experts. treatment of infectious diseases, is in At the same time the scientists and managers on the stuff are being interviewed, and their reactions and sug-

#### Bulldings Dilapidated

But there is more to the problem contemplating selling its present site Pasteur Institute in 1888 shows women old print of the inauguration of the in bustles and gendarmes with sabers walking in the grounds of the main building. The sabers have vanished, and the bustles have given way to bottom-hugging blue jeans, but the central buildings remain unaltered by the pass- or pull out of Paris altogether.

Grouped tightly around the central campus are a jumble of other buildings

Many of the laboratories built in have been warnings that some of the as older installations are getting positively dangerous. The galleries and glazed roof sections of the chemistry building



According to staff consensus, there are only two solutions—either to tear down and rebuild on the present site.

of immunology and virology.

#### Some Want Meditorranean Site

good time to create a French Berkeley Stanford on the Mediterranean 1887 are still in use today, and there near Antibes, for example, and use it Why not put the Pasteur Institute down a magnet to draw other research. Connect will allow rebuilding our centers away from the domination of

But in the eyes of the Institute's governing board, such concepts are folklore, a word that for the French has come to signify anything impractical. Some powerful staffmen, including Monod's co-Nobelist Dr. Francip. Jacob, want to demolish and rebuild on the Paris site. They point out that it is hallowed ground, with Pastenr's apartment and his tomb part of the central building Furthermore, it is close to all the main Paris hospitals. which facilitates research contacts and

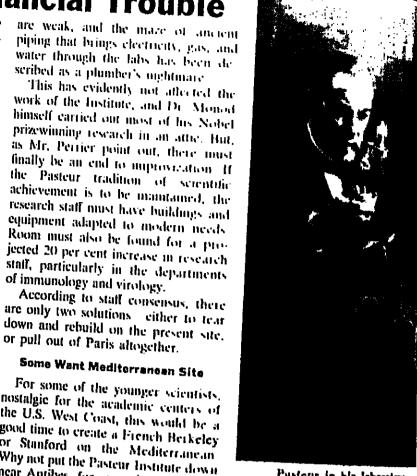
Architects retained by the Institute estimate that the work would take at least six years, would cost some 150,-000,000 francs (about \$30,000,0001), and create huge difficulties in maintaining research activities. Considerations of this kind are already holding up the construction of a new department of mmunology, for which the Institute received a donation of 10,000,000, francs from the Rayne Foundation in London in 1971.

#### Monod Would Rebuild at Garches

Dr. Monod's idea is that the Institute should sell its real estate, which he calculates is worth 220-240,000,-000 francs. He would use 150-160;-000,000 to rebuild at Gurches, a location 10 miles outside Paris where the Institute already has some buildings. There would still be enough left over to wipe out the debt burden, calculated to reach around 70,000,000 by

For some, the idea hints of sacrilege. But Dr. Monod points out that in fact Pasteur died at Garches, and a Pasteur museum could be constructed there. To objections that it is outside the city, he answers that it is only 10 miles Mass fermentation produces a wide range of vaccines, including BCG, cholers, malaria, typhoid, and flu, as well as antifoxins for diphtheria, tetanus, botulism, away. In any case, the Pasteur vaccination center would remain in Paris, for practical reasons, and could be the nucleus for a Pasteur memorial.

There are still some snags. We

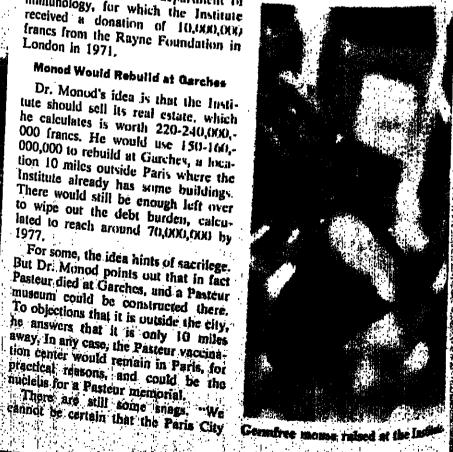


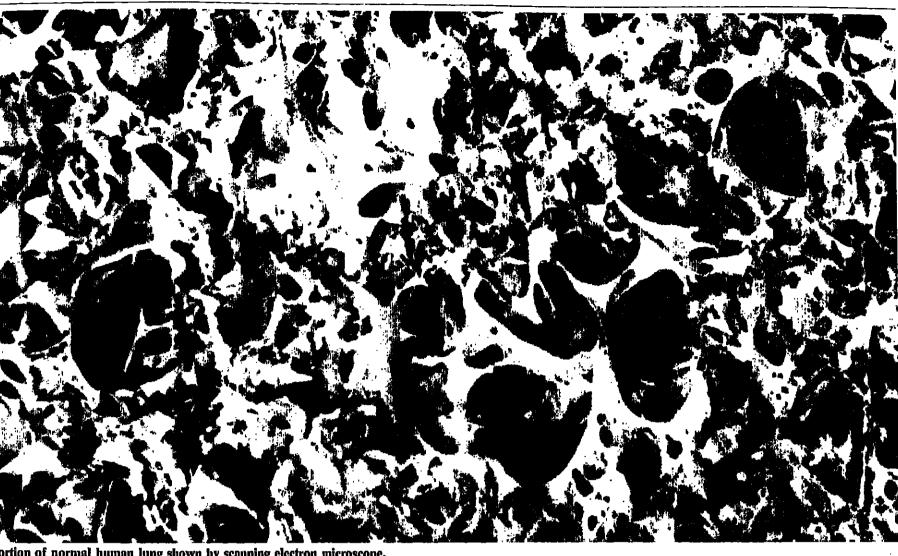
Pasteur in his laboratory.

site if we sold it." Mr. Perrier obsite "They might most on making it green space, with the Pasteur host the center. If that was their deast the real estate would fall to a salar about 60-80-000-000 fee and we would still face major fines

Another drawback is that their at Clarefies does not belong to beh stitute It is in fact on foun from? Ministry of Februation (an army ment made with Pasteur in 1884), & officeal permission might not be felt coming for construction on the 22

Dr. Moneyl submitted his plat the governing board of the limit last October, and although they's and give the green light, they suthers him to give it further study and tom more information. No one so lith Come up with an afternative, should huge subship from the Government



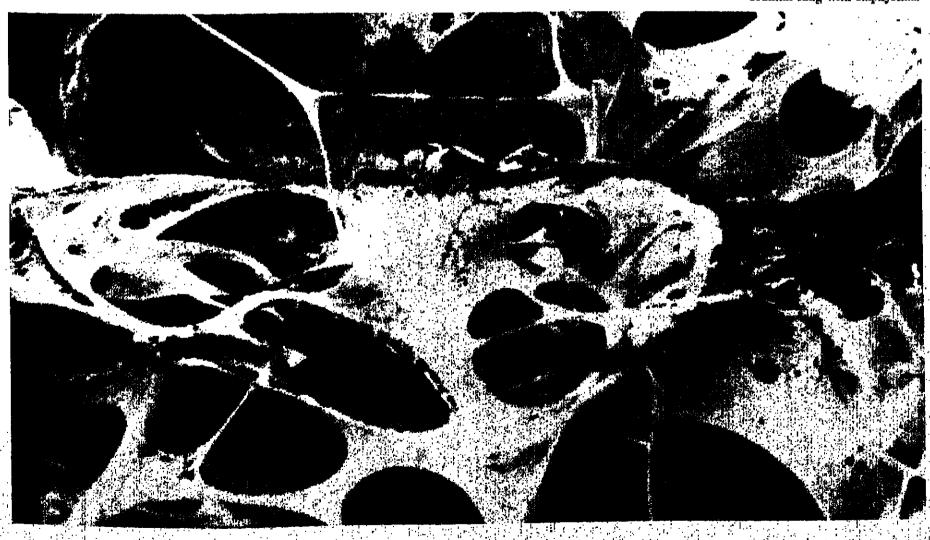


Wednesday, February 26, 1975

#### Emphysema—Fastest Growing Cause of Death

E MPHYSEMA, the most rapidly increasing cause of death in the United States, is now the third leading cause of death from respiratory disease. Emphysema and chronic bronchitis may be detected at a stage when lung damage is still reversible. takes many forms. When considered together with chronic bronchitis, the two are referred to as chronic obstructive pulmonary disease. Both emphysema and chronic bronchitis produce breathlessness, cough, and increased susceptibility to respiratory failure and death. Chronic obstructive pulmonary disease attacks middle-aged men and women and is particularly common in smokers. It is now believed that early abnormalities (physiologic and biochemical) related to em-

A new and promising method—measurement of closing volume—has been developed for the early detection of changes in lung function and structure that appear to be the first signs of chronic pulmonary disease. It is presently believed that in persons with abnormal closing volume measurements but with otherwise normal lung function tests, the progression of disease may be reversed and disability prevented with proper treatment and the cessation of smoking.





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#### WHO Aide Offers Rapid, Easy Way To Gauge Libido

Medical Tribune World Service

MEXICO CITY—A rapid, uncomplicated method for "measuring" libido as part of the assessment of systems of fertility regulation was suggested here at the Fourth International Congress of Hormonal Steroids.

"Until now," said Dr. Patrick Rowe, medical officer, Human Reproduction Unit, World Health Organization, "we have not found any satisfactory means of accomplishing this necessary task even though scientists in the behavioral field, particularly those in the WHO-sponsored programs in various parts of the world. are developing improved methods, mainly in the form of questionnaires, for evaluating possible changes in sex-

"I must admit to a modicum of squeamishness in proposing that centimeters be the measure for quantifying something like libido, but it might work and I would like to see someone

The system is a direct transposition to libido of one that has already proved successful in assessing depression, the Aitkin Personality Self-Rating Scale, he said.

#### Cards Marked Daily

The subject is supplied with a batch of cards, each of which has a line 10 cm. long on it. At one extreme the words, "The Sexiest I Have Ever Felt." appear, and at the other, "The Least Sexy I Have Ever Felt," or the appropriate local equivalent where the test is being conducted. Each day the person makes a mark on the line at the point which is considered to correspond to his or her sexual desire.

The card is then immediately deposited in a box provided for the purpose, and the box collected at the end of a designated period. The distance along the line to the point where the mark is made is measured and tabulated. The investigator is then able to see over a course of treatment whether there is an upward or downward trend or no change.

"Assessment of libido is, of course, a very tenuous matter," Dr. Rowe commented. "Although theoretical designs for controlled studies in the area exist, they provide large scope for the imagination but little practical application. One investigator obtained reports of sharp changes in libido in a group of subjects upon varying the color of the pill being administered. The card system will eliminate investigator bias and to a large degree the subject's embarrassment, inhibition, or whatever reaction might distort reality,

#### Greek Aid on Grafts Urged

Medical Tribune World Service

ATHENS-The adoption of special legislation to facilitate use of cadayeric kidneys was urged here by Dr. Anthony Billis, Associate Professor at Athens University. He said the percentage of kidney transplants using cadaveric donors is only 35 per cent in Greece and is dropping.

! It should be emphasized...that most patients tolerate guanethidine with minimal side effects, when dosage adjustment is carefully managed.99

when hypertension threatens to outrun control

"It should be emphasized...that

ments. Once blood pressure control is achieved, all drug dosages should be reduced to lowest effective lovel, often minimizing side effects.

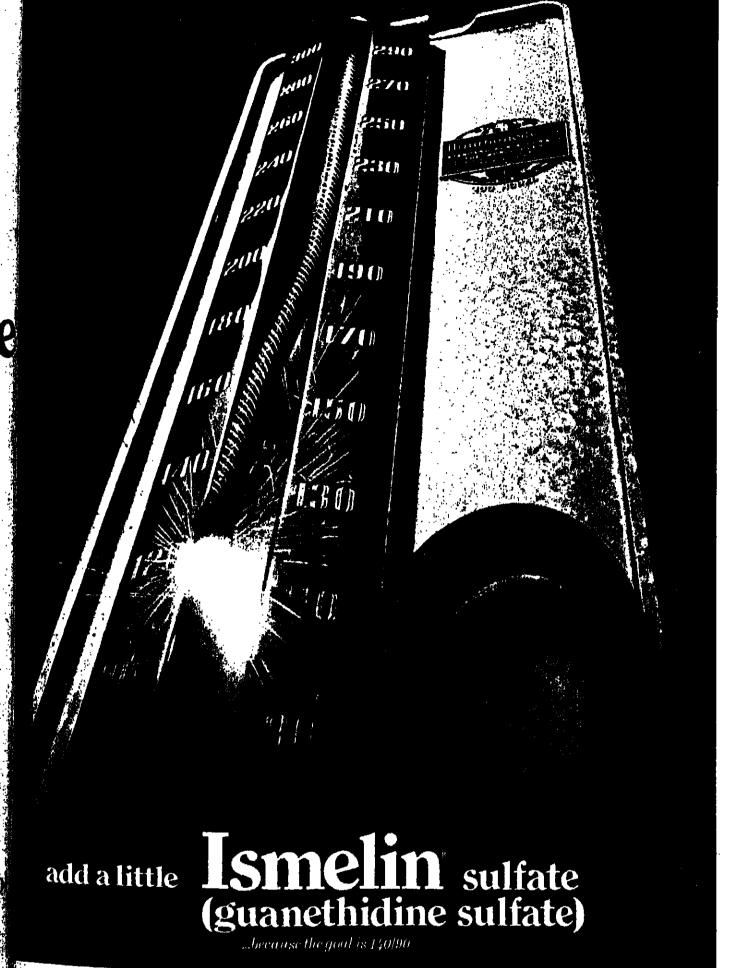
Patients should be warned about the potential hazards of orthostatic hypotension, and cautioned to avoid sudden or prolonged standing or

A little extra patient coopera-tion may be required. But may well be worth it—for the extra protection Ismelin offers

against the dangers of uncontrolled

hypertension.

Herirancesi
1. Freis ED: The Modern Managament of Hyperien.
1. Freis ED: The Modern Managament of Hyperien.
2. Breat AN: Hypertension, in Conn HF (ed):
Cyrrent Therapy, Philadelphia, WS Sauhders Co.
1974, P. 204



lapse and cardiac arrest during anesthesia. If emergency surgery is indicated, administer presents surgery is indicated, administer presents and anesthetic agents cautiously in reduced dosage and have oxygen, atropine, vasouse to treat vascular collapse. Vasopressors on ismellin because of the possibility of augmented response and the greater propensity for cardiac arrhythmias.

Dosage requirements may be reduced in presence of favor. Exercise special care when treating patients with a history of bronchial astuma, since their condition may be aggravated.

since their condition may be aggravated.

Itage in Pragnancy
The safety of ismellin for use in pregnancy has
not been established; therefore, this drug should
be used in pragnant patients only when, in the
ludgment of the physician, its use is deemed
essential to the weiters of the patient.

PRECAUTIONS: The effects of guanethidine are
cumulative over long periods; initial dose should
ments. Use very cautiously in hypertensives
with; renal disease and nitrogen retention or rising BUN levels; coronary disease with insulfi-

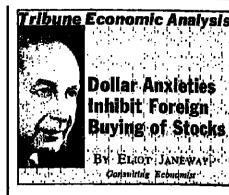
In incipient carolac decompensation weight gain or edems may be averled by the administration of a triazide. Remember that both digitalis and tymelin slow that heart rate. Peptic ulcers or other chronic disorders may be aggravated by a relative increase in parasym-pathetic tone. Amphetamine-like compounds, stimulants (eg. ephedrine, methylophenidale), tricyclic antide-pressants (eg. amfiriptyline, impramine, desip-ramine), and other psychopharmacologic agents (eg. phenothiazines and related compounds), and oral contraceptives may reduce the hypoten-sive effect of guanethidine. Discontinue MAO Inhibitors for at least one week before starting Ismelin.

Ismelin.
ADVERSE REACTIONS: Fraguent reactions due to sympathetic blockade—dizziners, weakness, lassitude, syncope. Fraguent reactions due to unopposed parasympathetic activity—bradyces dis, increase in bowel movements, diarrhee (movements, diarrhee (movements, diarrhee (movements, diarrhee (movements, diarrhee (movements, diarrhee (movements, diarrhee (movements)).

established, a few intences of anemia, thrombo cytopenia and feukopenia have been reported. DOSAGE AND ADMINISTRATION: Initial desage should be low and increased gradually by small increments. Before starting therapy, consult complete product literature.

HOW SUPPLIED: Tables, 10 mg (pale yallow, sored) and 25 mg (white, scored); bottles of 100 and 1000.

C/BA Pharmaceutical Company Division of CIBA-GEIGY Corporation Summit. New Jersey 07901



Foreign buying is the only alternaive to a resurgence of popular mass participation in the stock market, Consequently, the bet that the Dow Industrial average will make it back above 800 is hinging on the calculation that stock prices are already high enough for the foreigners to jump in and give them an added whirl for the last mile.

However, one very specific consideration plaguing foreign speculators is new anxiety about the dollar.

#### **Huge Treasury Borrowings**

The European foreign exchange markets have been agog over the dollar inflating the borrowing needs of the U. S. Treasury for the next 18 months. To be sure, Europe is not yet aware that the Treasury's money-raising operation will force it to borrow over \$125 billion in the next year and a half. This is a minimum, subject to continuous inflation as fast as spending increases and the slump depresses

The sudden, pronounced weakness of the dollar in Europe stands as a warning that foreign buyers may not be quite as ready to rush into New York stocks. Foreign money players dumping the dollar are not likely to accumulate stocks in Wall Street. Unless they do, 1975's brave new rally will be riding for another hard fall.

Do you have any advice for those of us small-town fellows who bought mutuai funds?

Dr. M. M., Maine

If they're well managed, stick with them and buy more for the long pull. That's the only way mutual funds ever pay off, and they do for those with the means and the patience to continue accumulating them on the way down.

The fund managements which pass muster never put on a flashy performance in any year of speculative exuberance, but were always content to run a comfortable second. If it's any comfort to you, the well managed funds have always continued to grow through bad

Before the end of the year, I have io make a decision about my Keogh funds. I am thinking about a mutual have about \$6,500 to invest, Any advice or suggestions would be appreciated.

G. A., M.D. Lopisiana

I think Keogh funds are suitable for investors in your circumstances. However, my suggestion as to selectivity is that you choose income funds whose dividends you can compound rather than funds oriented toward growth and therefore involving speculation in vol-atile stocks while limiting income

"It should be emphasized...that most patients tolerate guanethidine with minimal side effects, when dosage adjustment is carefully managed."

Often, some of the side effects associated with such drugs as the ganglionic blockers can be avoided by substituting a little Ismelin in the treatment of moderate hypertension.

Because guanethidine is perhaps the most effective antihypertensive agent ever available, Ismelin usually brings blood pressure down to stay. And Ismelin produces no parasympatholytic effects. Further, when used with thiazides, the required addition may be low."

Of course, whenever Ismelin is added to other antihypertensives, initial doses should be small, and increased gradually by small incre-

INDICATIONS: Moderate and severe sion either alone or as an adjunct.
CONTRAINDICATIONS: known or suspected phochic micryterns; inpersonality; frankrip gesting heart faiture not due to hypertension patients taking MAD inhibitors.
WARNINGS: ismelin is a potent drug and never the distribution of the countries with the distribution and serious critical profile its use before prescribing, and patients should be same and patients should be warned not to deviate from instructions.

Warn potients about the potential haziros orthostalic hypotension, which can open frequently and is most marked in the more frequently and is most marked in the more ing and is accommated by hot matter, at cohil, or even; is. To help prevent shaking, warn parients to att or list down with each of cut; ness or well-ress, which may be servicularly bothersome during the most period of dosage adjustment and with object of dosages and instrument and with object of the proposition of the proposition of the expressions may require alteration of these symptoms may require alteration of the expressions of the cut of particular districts of the proposition of the expressions of the cut of the expressions of the

#### One Man...and Medicine

tected by the mosaic angels-Science,

In the 80 years since Pasteur's

death his Institute has been a living

presence in biology and medicine, ful-

filling his dream of research and ser-

vice. Pasteur's own research on rabies

more and more nations not only in

Europe but in Africa as well have been

assured that the Pasteur Institute

but more importantly by his philoso-

phy. That the eminent researchers who

are Pasteur's scientific heirs have

added most significantly to the Insti-

tut's and France's scientific glory is re-

flected in the Nobel prizes awarded to

Pasteur's Chief Today

Today, the Pasteur Institute is ap-

propriately headed by a man in Pas-

Jacques Monod, scientist, brilliant

philosophic activist, and author. I al-

ways find Monod as charming as he is

clonks a probing, ranging mind.

and Oriental, as in technical discus-

sions, and as frank and candid in ex-

amining the current problems of the

EPIGRAMS—Clinical and Otherwise

teur's own mold-Nobel laureate

eight of their members.

Faith, Hope and Charity.

ARTHUR M. SACKLER, M.D., International Publisher, Medical Tribune

#### The Vicissitudes of the Pasteur Institute

O N MY FIRST TRIP to France in 1949, I made a pilgrimage to the birthplace of Claude Bernard. I was moved to establish it as a shrine to the mind of man, but was too late. In the years that followed, at international congresses and scientific meetings and in personal contacts I've met so many great French scienits continuing ability to put basic scitists that I became a scientific Francophile. Today, it is with deep sadness that ences at the service of man now rest one observes the vicissitudes of the organization which commemorates the in the hands of one man. The director and one of the world's greatest scientists, the Pasteur Institute. ble and onyx memorial chapel pro-

The founding of the Pasteur Institute came upon a wave of public appreciation for a pioneering social and scientific philosophy. For Pasteur, service to inclustry in the manufacture of wine and vinegar, the salvage of sericulture and aid to farmers to protect their flocks against anthrax and chicken cholera were not simple, menial comsors on tuberculosis, diphtheria, yellow mercial tasks but scientific levers of opportunity in the contest between the fever, tetanus and viruses have been "forces of destruction" and those of linked to the development of vaccines and sera, to their production and dis-"peace, work and health." tribution so that since Pasteur's day

#### Origins of Institute

Pasteur did not derrogate the daily efforts of vintners and farmers whose profits and produce he sought to protect. His dedication to industry and agriculture, rather than impeding, actually aided his penetrating genius to "enlarge the frontiers of life." He opposed the "law of blood and death" which "sacrifices hundreds of thousands of lives to the ambition of a single individual." It was comprehensible, in fact absolutely natural, that the Institute which was to honor his name would rise from blueprints contributed without fee and from the voluntary labor of French workers who gave generously of their time while men and women of all nations made monetary contributions.

Since its founding, following Pasteur's appeal at a meeting of the French-National Academy for an independent institute, the Pasteur Institute's activities have exemplified its founder's considerate host. His gentle manner ent of bureaucracy, governmental or educational, and that there is no dichotomy between basic and pure research but that fundamental medical investigations must be inextricably linked with the practical task of the conquest of disease. As a result, a unique scientific institute evolved on what is now an historic thirteen-acre site in Paris. Here, on the Left Bank, a staff of over 2,000 carry on research at the highest levels, run a bed hospital and in their laboratories and hundred thousand volume science library give post-graduate training to over 300 fellows from throughout the world. The Institute is much more than a simple memorial to a great scientist, more than a museum housing Pasteur's notebooks, his original laboratory and even his living quarters over it. It is more than a scientific shrine in which a great scientist is entombed in its mar-

 $\lim_{n\to\infty} \frac{dx_n}{dx_n} = \lim_{n\to\infty} \frac{dx_n}{dx_n} = 0$ 

Institute as the most blunt industrial executive.

Jacques Monod forthrightly faces a tragic irony. At a time of epochal achievement and upon the verge of major breakthroughs, the fiscal viability and therefore the independence of the Pasteur Institute is being supped. It is a bad time. The "guardian angels" of Pasteur's memory can provide little help. Science confronts a growing antiscience. Hope becomes hostage to fear and both Faith and Charity are derrogated by men of little faith and less

The survival of the Pasteur Institute and its rebuilding, its independence of the Institute is, in his genius and intelligence, in his boldness and innovation, in his basic philosophy and his ability to articulate it, a worthy heir to the man who gave his name to what has become a glory of France and of the world of science.

Next week One Man and Medicine will explore the philosophy of the Inand anthrax and those of his succes- it, and some of the thinking behind the stitute and how changing times threaten plans for its preservation.

Hammurabi



Probably the earliest record of ocular therapeutics is to be found in the Babylonian Code of Hammurah (ca 1900 B.C.) in which there are indications of legal establishment of fees and of punishment for maltreatment or failure to cure. For example, for the successful removal of an abscess the doctor was paid 10 shekels of silver. If he destroyed the eye during the operation he could lose his fingers.

Text: Dr. Joseph Elis Stamp: Minkus Publications, Inc., New York

#### **US Drug Approval System** Repressive, Says Lasagna

know-how would be available in reliable preparations for the fight against TORONTO-The system of drug approval in United States is overstruc-The Pasteur Institute has been pertured and overly repressive, Dr. Louis meated not only by the physical "pres-Lasagna, Professor of Pharmacology ence" of its founder and his laboratory and Toxicology, School of Medicine and Dentistry, University of Rochester, told an international conference here education is inadequate. "I find that on "Prescription Drugs and the Patient's Health."

"The drug approving agencies lag dreadfully behind the practicing physician," he said. "We find drugs being used—and quite properly—for uses not intended at time of initial approval.

"Our system suffers from inability validate clinical experience of the more usual type—the experience of the clinician weighs so little in the scale. Physicians to be sure are not always right, but they are not always wrong. We should be able to use their clinical experience better than we are now doing,"

This handsome, young 63-year-old Dr. Lasagna said the bulk of adverse biologist is relaxed and very much at reactions are not from new drugs, but home in his beautiful Paris apartment; older, well established drugs as comfortable in expressing himself which are not promoted with great zest in music, and the arts, both European by the drug industry.

Among problems to be solved, he said, are the questions of how much evidence is enough, who shall judge the evidence, and the need to define safety and efficacy properly.

ould make better use of foreign data. There is no need to repeat animal experiments, to go on endlessly butchering mice, rabbits, cats and dogs in country after country."

He said a new drug cannot be tested properly, before marketing, "Before marketing it is studied by experts, usually working on homogenous populations, often in-patients, with a minimum of other drugs in the act, and then when the drug is released it is suspected of this practice and for strict suspected of this practice and for strict is erogenous population, often in out- proven.

patients with other drugs in the act." He stressed the need to formalize post-marketing surveillance. "If we can guarantee post-marketing surveillance high quality, then we can argue quite rationally for a speedier approval our patients in Rochester are quite is terested in getting information on dogs from either the doctor or pharmacis, or from labels or specific inserts for patients."

Dr. Lasagna said drug information should be declassified and the decisionmaking process on approvals opened to scrutiny.

"In the United States, one of the big troubles for most of us is that the interaction between industrial sponsors and the federal bureacrats goes on behind closed doors. We hear from one side or the other about deficiencies on the other side, but it is impossible for us to make any judgments as to whether the bureaucrats are right and the industrialist wrong, or vice versa."

#### The Right to Prescribe

► Since doctors are morally and legally responsible for any prescriptions they write for patients, they should have unfettered rights to prescribe drugs of their choice, said Dr. Bette Stephenson, Toronto, president of the Canadian Medical Association, and a general practitioner in a Toronto suburb.

Dr. Stephenson said family physicians in Canada write two-thirds of all prescriptions and only a minority are prescribing in an irresponsible way. She called for surveillance by provinsuddenly used by non-experts in a hetschool was a suspected of this practice and the disciplinary measures where it is

TABLETS

educational, and social resources.
Characteristics commonly reported include: chronic history of short attention
span, distractibility, emotional lability,
impulsivity, and moderate to severe
hyperactivity; minor neurological signs
and abnormal EEG, Learning may or
may not be impaired. The diagnosis of
MBD must be based upon a complete
history and evaluation of the child and
not solely on the presence of one or
more of these characteristics.

May enhance other remedial

efforts in treating MPD

Ritalin

Drug treatment is not indicated for all children with MBD. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychosis. Appropriate educational placement is essential and psychosocial intervention is generally necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant measures.

CONTRAINDICATIONS
Marked anxiety, tension, and agitation, since filialin may aggravate these symptoms. Also contraindicated in patients known to be hyporsensitive to the drug and in patients with gleucoma.
WARNINGS
Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established.

estabrished. Sufficient data on safety and efficacy of long-term use of Ritatin in children with minimal brain dysfunction are not yet

available. Alinough a causal relations has not been established, suppressio of growth (le, weight gain and/or heigh has been reported with long-term use of stimulants in children. Therefore, children requiring long-term therapy should be carefully monitored.

Ritalin should not be used for severe depression of oither exagenous or end enous origin or for the prevention of normal tatigue states.

Ritalin may lower the convulsive the

enous origin or for the prevention of normal latigue states.
Ritalin may lower the convulsive threshold in patients with or without prior EEG abnormalities, even in absence of selzuras. Safe concomitant use of anticonvulsants and Rilalin has not been established. If solzures occur, Ritalin should be discontinued.

Use cautiously in patients with hypertension. Blood pressure should he monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.

Drug interactions Ritalin, especially those with hypertension.

Drug interactions Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors. Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbilal, diphenylhydantoin, primidone), phenylbutazone, and tricyclic antidepressants (impramine, desi pramine). Downward dosage adjustments of these drugs may be required whon given concomitantly with Ritalin. Usage in Prognancy

Addquate animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless, in the option of the physician, the posential bonefits outweigh the possible risks.

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Drug Dependence
Rifalin should be given cautiously to
emotionally unstable patients, such
as those with a history of drug dependence or alcoholism, because
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Chronically abusive use can lead to
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follow-up may be required because
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PRECAUTIONS
Patients with an element of agitation may react adversely; discontinue therapy if necessary.

Periodic GBC, differential, and platelet counts are advised during prolonged therapy.

ADVERSE REACTIONS

Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include; hypersensitivity (including atthrash, urticarla, fever, arthraigla, extoliative dermalitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia; neusea; dizzinose; palpitations; headache; dyskinosia; drowsinase; blood pressure and pulse changes, both up and down; tachycardia; angina; cardiac arrhythmia; abdominal pain; woight loss during prolonged therapy. Toxic psychosis has been reported. Although a definite causal relationship has not been esperied in pations taking this drug; leukoponia and/or anomia; a few instances of scalp hair loss. In children, loss of appotite, obdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently; howover, any of the other adverse reactions listed above may also occur.

DOSAGE AND ADMINISTRATION Children with Minimal Brain Dystunction (6 years and over)
Start with amait doses (eg. 5 mg before breaklest and lunch) with gradual increments of 5 to 10 mg weekly. Dality dosage above 60 mg is not recommended. If improvement is not observed after appropriste dosage adjustment over a one-month period, the drug should be discontinued.

dosage, or, if necessary, discontinue the drug.

Ritalin should be periodically discontinued to assess the child's condition. Improvement may be sustained when the drug is either temporarily or parmanently discontinued.

Drug treatment should not and need not be indefinite and usually may be discontinued after puberty.

HOW SUPPLIED

Tablets, 20 mg (peach, scored); bottles of 100 and 1000.

Tablets, 10 mg (pale green, scored); bottles of 100, 500, 1000 and Accupak bilster units at 100.

*Tablets*, 5 mg (pale yellow); boltles of . 100, 500, and 1000.

CIBA

CIBA Phermaceutical Company Division of CIBA-GEIGY Corporation Summit, New Jersey 07901

(methylphenidate)

Ritalin...of proven value when used as part of a complete therapeutic and remedial MBD program

More than a decade of clin shows that Ritalin helps improve ratings of behavior, attentiveness, performance IQ, motor control, and speech productivity in children with Minimal Brain Dysfunction (MBD).

Currently a drug of choice in many MBD situations, Ritalin can play an important part in the total rehabilitation program of the MBD child. And proper management is essential to the overall (educational, social, and emotional) development of the child's potential.

Dosage should be periodically interrupted in the presence of improved motor coordination and behavior. Often, these interruptions reveal that the child's behavior shows some "stabilization" even without

chemotherapy, permitting a reduction in dosage and eventual discontinuance of drug therapy.

Of course, Ritalin is not indicated for childhood personality and behavioral disorders not associated with MBD.

> Ritalin (methylphenidate) ONLY WHEN MEDICATION IS INDICATED

No physician, insofar as he is a physician, considers his own good in what he prescribes, but the good of his pattent; for the true physician is also a ruler having the human body as a subject, and is not a mere

moneymaker, Plato (c. 428-348 B.C.) The Republic

#### One Man...and Medicine



ble and onyx memorial chapel pro-

In the 80 years since Pasteur's

death his Institute has been a living

presence in biology and medicine, ful-

filling his dream of research and ser-

vice. Pasteur's own research on rabies

and anthrax and those of his succes-

sors on tuberculosis, diphtheria, yellow

fever, tetanus and viruses have been

linked to the development of vaccines

and sera, to their production and dis-

tribution so that since Pasteur's day

more and more nations not only in

Europe but in Africa as well have been assured that the Pasteur Institute

Faith, Hope and Charity.

ARTHUR M. SACKLER, M.D., International Publisher, Medical Tribune

#### The Vicissitudes of the Pasteur Institute

O N MY FIRST TRIP to France in 1949, I made a pilgrimage to the birthplace of Claude Bernard. I was moved to establish it as a shrine to the mind of man, but was too late. In the years that followed, at international congresses and scientific meetings and in personal contacts I've met so many great French scientists that I became a scientific Francophile. Today, it is with deep sadness that one observes the vicissitudes of the organization which commemorates the and one of the world's greatest scientists, the Pasteur Institute.

The founding of the Pasteur Institute came upon a wave of public appreciation for a pioneering social and scientific philosophy. For Pasteur, service to industry in the manufacture of wine and vinegar, the sulvage of sericulture and aid to farmers to protect their flocks against anthrax and chicken cholera were not simple, menial commercial tasks but scientific levers of opportunity in the contest between the "forces of destruction" and those of "peace, work and health."

#### Origins of Institute

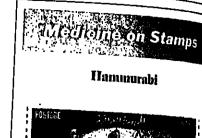
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The survival of the Pasteur Institute and its rebuilding, its independence from governmental bureaucracy and its continuing ability to put basic sciences at the service of man now rest in the hands of one man. The director of the Institute is, in his genius and intelligence, in his boldness and innovatected by the mosaic angels-Science, tion, in his basic philosophy and his ability to articulate it, a worthy heir to the man who gave his name to what has become a glory of France and of the world of science.

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Stamp: Minkus Publications, Inc., New York

#### **US Drug Approval System** Repressive, Says Lasagna Medical Tribune World Service

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"In the United States, one of the big troubles for most of us is that the interaction between industrial sponsors and the federal bureacrats goes on behind closed doors. We hear from one side or the other about deficiencies on the other side, but it is impossible

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ADVERSE REACTIONS

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DOSAGE AND ADMINISTRATION
Children with Minimal Brain Dysfunction (5 years and over)
Start with small doses (eg, 5 mg before breakfast and lunch) with gradual increments of 5 to 10 mg weekly. Daily dosage above 60 mg is not recommended. If improvement is not observed after appropriate dosage adjustment

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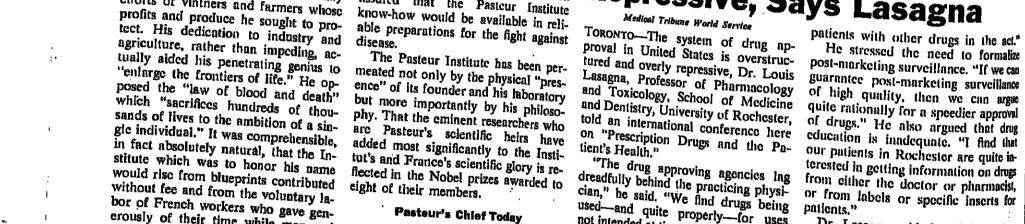
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References: (1) Knobel M: Arch Gen Psychiatry 6;198-202, 1962. (2) Knights RM, Hinton GG: J Nerv Ment Dis 148: 648-653, 1969. (3) Creager RC, Van Riper C: J Speech Hear Res 10:623-628, 1967. (4) Werry JS: Paper presented at the Annual Meeting of the American Psychiatric Association, Boston, May 13-17, 1968. (5) Conners CK: Pediatrics 49:702-708, 1972. (6) Chariton MH: NY State J Med 16:2058-2060, 1972.





propriately headed by a man in Pas-

This handsome, young 63-year-old

EPIGRAMS—Clinical and Otherwise

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Plato (c. 428-348 B.C.)

The Republic

moneymaker.

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> Dr. Lasagna said the bulk of adverse reactions are not from new drugs, but whether the bureaucrats are right and from older, well established drugs the industrialist wrong, or vice versa." which are not promoted with great zest

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Ritalin...of proven value when used as MBD program

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Of course, Ritalin is not indicated for childhood personality and behavioral disorders not associated with MBD.

> Ritalin (methylphenidate) ONLY WHEN MEDICATION IS INDICATED

**对你你** 

## Exceptionally well absorbed oral broad spectrum antibiotic may be taken with meals

### Larocin (amoxicillin) achieves high blood and urine levels

### Low incidence of diarrhea to date in clinical studies

NUTLEY, N.J.—Roche Laboratories recently introduced an oral
broad spectrum antibiotic:
Larocin (amoxicillin). Larocin
represents a significant contribution to antibacterial chemotherapy, one which will perform effectively in the treatment of a
wide range of infections due to
susceptible organisms (see chart
at right)

#### Absorption called the key

The key pharmacologic characteristic of Larocin (amoxicilin) is its rapid and efficient absorption from the gastrointestinal tract. Not only is it stable in stomach acid, but the presence of food has no significant effect on the antibiotic's absorption. Thus Larocin may be taken by patients on a convenient t.i.d. schedule without regard to meals. The reconstituted oral suspension and pediatric drops may be added to liquids such as formula, milk, fruit juice or soft drinks for easy administration to small children.

Because of its efficient absorption characteristics, high blood and urine levels of Larocin (amoxicillin) are rapidly achieved. Peak serum levels average 4.2 mcg/ml two hours after a single 250-mg oral dose and 7.5 mcg/ml one hour after a single 500-mg oral dose — both levels approximately twice as high as those obtained with equal doses of ampicillin.<sup>12</sup>

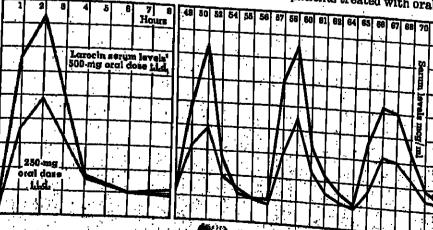
On a multiple-dose regimen, when given every eight hours for 3 days, the lowest mean serum levels of Larocin approximated 1.0 mcg/ml after 250 mg and 1.25 mcg/ml after 500 mg. Although the therapeutic range of blood levels for the penicillins is not well established, these results demonstrate that blood levels may be expected to remain above the MIC's for all of the nonurinary pathogens susceptible to Larocin when it is administered at clinically recommended doses (see chart below).

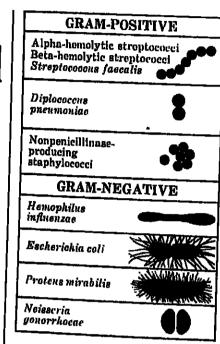
Most of Larocin is excreted unchanged in the urine. Average urinary excretion within 6 to 8 hours after oral administration ranges from 40 to 79% for the 250-mg dose and 59 to 79% for the 500-mg dose.1-5

1. Croydon EAP, Sutherland R: Antimicrob Agents Chemother — 1970, pp. 427-430, 1971. 2. Neu HC, Winshell EB: Antimicrob Agents Chemother — 1970, pp. 423-426, 1971. 3. Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey. 4. Leigh DA: Curr Med Res Opin 1:10-18, 1972. 5. Bodey GP, Nance J: Antimicrob Agents Chemother 1:358-362, 1972.

#### Hypersensitivity reactions can occur

As with other penicillins, it is anticipated that adverse reactions to Larocin (amoxicillin) will be largely limited to sensitivity phenomena. While anaphylaxis is rare in patients treated with oral





#### <u>In vitro</u> bactericidal activity

Note: Because Laroein (amoxicillin) does not resist destruction by penicillinase, it is not effective against penicillinases producing bacteria such as resistant staphylococci. All strains of Pseudomonas and most strains of Klebsiella and Enterobacter are resistant.

penicillins, the possibility must nevertheless be kept in mind. Larocin is contraindicated in patients with a history of penicillin hypersensitivity. SERIOUS ANAPHYLACTOID REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT. (See Warnings section of complete product information, a summary of which appears at right.)

#### Efficacy demonstrated in many infections

Amoxicillin has been administered successfully to patients with a wide range of commonly seen infections due to susceptible organisms.\* Over-all clinical evaluation of amoxicillin therapy was considered a "success" or "improvement" in 1267 of 1850 evaluable cases (93.8%).†

uable cases (93.8%).†

Ages of the 1350 patients studied ranged from under one year to over 30 years. Larocin capsules were administered to 800 patients and oral suspension to the remaining 550. Dosage of the capsules ranged from 250 mg t.i.d. (the most frequently used dosage) to a single 3-Gm dose for the treatment of acute uncomplicated genorrhea. Dosage of the oral suspension ranged from 50 mg t.i.d. to 250 mg t.i.d., with 125 mg t.i.d. the most frequent. The majority of patients were treated from seven to 10 days. A breakdown by type of infection follows:

Otitis Media: The pathogen most commonly isolated were Diplococcus pneumoniae and Hemophilus influenzae. Of 130 cases with this diagnosis, 127 (98%) were rated as a "successor "improvement" after treatment with Larocin (amoxicilin).

Streptococcal Sore Throat: A success rate of 86% (174 of 202 cases) was observed with Laroch against the responsible pathogen, beta-hemolytic streptococci. The great majority of the 202 patients in this group were children who received the oral suspension

Other Upper Respiratory Infections: Beta-hemolytic strepto. coccit were the offending organisms for most of the infections in this group, which were diagnosed primarily as pharyngitis with some cases of tonsillitis and a few cases of sinusitis. A success rate of 82% (56 of 68 cases) was achieved with Larocin.

Lower Respiratory Infections: Treatment with Larocin resulted in "success" or "improvement" in all of the 52 cases in which Diplococcus pncumoniae was cultured. Staphylococcus aureus was also cultured in 26 of the 98 cases; Larocin showed "success" or "improvement" in 96% (25 of 26 cases). The most common clinical conditions were bronchitis and bronchopneumonia.

Urinary Tract Infections: Cystitis, pyelonephritis and asymptomatic bacteriuria were the most frequent clinical diagnoses in this group. Of the 404 eases evaluated, Escherichia coli was cultured in 306 cases and treatment with Larocin resulted in "success" or "improvement" in 284 cases (93%). Proteus mirabilis was cultured in 70 patients, with Larocin effective in 67 (96%).

Skin and Soft Tissue Infections: Staphylococcus aureus was cultured in 10% cases, with "success" or "improvement" in 104 (96%); while beta-hemolytic streptococci were cultured in 99 cases, with "success" in 97 (98%). Impetigo and abscess were the most frequent diagnoses.

Gonorrhea: Administered as a single 8-Gm oral dose, Larocin showed a success rate of 97% in both males (85 of 88 cases) and females (114 of 118 cases).

\*Data on Ale, Hoffmann-La Roche Ine, Nutley, New Jersey 07110.

1"Success" or "Improvement" was determined by a combination of clinical and bacteriological orderia. In infections due to beta-hemolytic streptococci and N. ponorthoeae, only successes were included.

#### Low incidence of side effects reported to date

During the clinical investigations with amoxiciliin, all cases treated were evaluated for side effects. No side effects or laboratory abnormalities which would be considered unusual for a penicilin derivative were reported by any of the investigators.

In 2658 total courses of therapy with amoxicillis, therapy was discontinued in only 52 patients

#### Drug-Related Side Effects Associated with Amoxicillin

Based upon 2658 courses of thorapy: 1811 with the capsules and 847 with the oral suspension.

SIDE EFFECT	#	%	#	%
Diarrhea	24	1.3	18	2.1
Rash	24	1.3	17	2.0
Nausea	7	0.3	1 2	0.1
Urticaria	8	0.4	2	0.2
Monillasis	7	0.3		1
Nausea/Vomiting	4	0.2		
Diarrhea/ Nausea	874322222	0.1	_	
Vomiting	2	0.1	4	0.4
Dizziness	2	0.1		ì
Colitis	2	0.1		
Nausea/ Headache	2	0.1	_	
Rash/Urticaria	2	0.1	1	0.1
Esophageal Spasm	1	0.05	_	
Stomachache	1	0.05	1	0.1
Belching	1	0.05		
Drowsiness	1	0.05		
Beiching/Numbness/Tingling/Itching	1	0.05		
Fever/Itching	1	0.05 .		
Difficult Breathing	1	0.05		
Mucus in Pharynx	1	0.05		
Diarrhea/Urticaria	1	0.05		
Diarrhea/Vomiting	1	0.05	4	0.4
Dizziness/Headache	1	0.05		
Conjunctival Ecchymosis	1	0.05		
G.i. Bleeding	1	0.05		
Abdominal Cramps		0.05		
Diarrhea/Rash	1	0.05	ļ	0.1
Rash/Diarrhea/Vorniting		•		0.1
Sore Tongue			÷	0.1 0.1
Rash/Vorniting				0.1
TOTAL	102	5.6	52	6.1

(1.9%) because of drug-related side effects. Laboratory abnormalities possibly related to amoxicillin occurred infrequently.

In these studies, there was a low incidence of diarrhea reported with amoxicillin capsules—1.7% or 80 of 1811 patients. Especially noteworthy was the low incidence of diarrhea reported with amoxicillin or al suspension—only 2.8% or 24 of 847 patients, significantly less (p<0.05) than the incidence of diarrhea with

ampicillin oral suspension (5.8% or 15 of 282 patients).

In breaking down the over-all incidence of diarrhea by age groups, it was found that in the group from 0 to 1 (newborn and 1-year-old infants), 13 of 108 patients receiving amoxicillin oral

and females)

(6) 特。(1) (4) (4) (6) (6) (6) (6)

suspension developed diarrhea, for an incidence of 12%. This represents over one-half the total number of diarrhea cases seen in the 847 patients treated with amoxicillin oral suspension.

Throughout each of the remaining age categories, starting from age 2 to 10 and in the general grouping from age 11 to 20, the incidence of diarrhea in patients treated with amoxicillin oral suspension ranges from 2% down to 0 in the older groups. There were few cases of diarrhea beyond the age of six.

The incidence of diarrhea with Larocin (amoxicillin) can therefore be expected to be considerably higher in the newborn and infant age groups than in older children, which is true of all antibiotics.

#### Usual Adult and Pediatric Dosages

INDICATION	STRAIN ISOLATED	ADULT DOSAGE	PEDIATRIC DOSAGE+
Infections of the ear, nose, throat	Streptococci, pneumococci, nonpenicillin- ase-producing staphylococci, H. Influenzae	250 mg t.l.d.	Oral Suspension: 20 mg/kg/ day in divided doses <u>t.i.d.</u> Drops: Under 6 kg (13 lbs): 0.5 ml <u>t.i.d.</u> ; 6-8 kg (13-18 lbs): 1 ml <u>t.i.d.</u>
Infections of the lower respiratory tract	Streptococci, pneumococci, nonpenicilin- ase-producing staphylococci, H. influenzae	500 mg <u>t.i.d.</u>	Oral Suspension: 40 mg/kg/ day in divided doses <u>t.i.d.</u> Drops: Under 6 kg (13 ibs): 1 ml <u>t.i.d.</u> ; 6-8 kg (13-18 ibs): 2 ml <u>t.i.d.</u>
Infections of the genito- urinary tract	E. coli, Proteus mirabilis, Strep. faacalis	250 mg <u>t.i.d.</u>	Oral Suspension: 20 mg/kg/ day in divided doses <u>t.l.d.</u> Drops: Under 6 kg (13 lbs): 0.5 ml <u>t.l.d.</u> ; 6-8 kg (13-18 lbs) 1 ml <u>t.l.d.</u>
Infections of the skin and soft tissues	Streptococci, susceptible staphylococci and E, coll	250 mg <u>t.i.d.</u>	Oral Suspension: 20 mg/kg/ day in divided doses <u>t.i.d.</u> Drops: Under 6 kg (13 lbs): 0.5 ml <u>t.i.d.</u> ; 5-8 kg (13-18 lbs) 1 ml <u>t.i.d.</u>
Severe infec- tions, or infections caused by less susceptible organisms		500 mg <u>t.l.d.</u>	Oral Suspension: 40 mg/kg/ day in divided doses <u>t.i.d.</u>
Gonorrhea, acute uncom- plicated anogenital and urethral infec- tions (males	N. gonorrhoeas	3 grams single oral dose	

Note: Children weighing more than 8 kg (18 lbs) should receive the appropriate dose of the Oral Suspension: 125 mg or 250 mg/5 ml. Children weighing more than

20 kg should be dosed according to adult recom

Before prescribing, please consult complete product information, a summary of which follows:

serum sickness-like reactions may be controlled with antihistamines and, if necessary, systemic

Indications: Infections due to susceptible strains of the following gram-negative organisms: H. influenzae, E. coli, P. mirabilis and N. gonorrhoeae; and grampositive organisms: streptococci (including Streptococcus faecalis), D. pneumoniae and nonpenicillinase-producing staphylococci. Therapy may be instituted prior to obtaining results from bacteriological and susceptibility studies to determine causative organisms and susceptibility to amoxicillin.

Contraindications: In individuals with history of allergic reaction to penicillins.

WARNINGS: SERIOUS AND OCCASIONALLY FATAL HYPERSENSITIVITY (ANAPHYLACTOID)
REACTIONS REPORTED IN PATIENTS ON PENICILLIN THER.
APY. ALTHOUGH MORE FREQUENT FOLLOWING PARENTERAL THERAPY, ANAPHYLAXIS
HAS OCCURRED IN PATIENTS ON
ORAL PENICILLINS. MORE
LIKELY IN INDIVIDUALS WITH
HISTORY OF SENSITIVITY TO
MULTIPLE ALLERGENS. BEFORE
THERAPY, INQUIRE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO PENICILLINS, CEPHALOSPORINS OR
OTHER ALLERGENS. IF ALLERGIC REACTION OCCURS, INSTITUTE APPROPELATE THERAPY
AND CONSIDER DISCONTINUANCE OF AMOXICILLIN. SERIOUS
ANAPHYLACTOID REACTIONS
REQUIRE IMMEDIATE EMERGENCY TREATMENT WITH EPINEPHRINE, ADMINISTER OXYGEN,
INTRAVENOUS STEROIDS AND
AIRWAY MANAGEMENT, INCLUDING INTUBATION, AS INDICATED.

Usage in Pregnancy: Safety in pregnancy not established.
Precautions: As with any po-

tent drug, assess renal, hepatic and hematopoietic function periodically during prolonged therapy. Keep in mind possibility of superinfections with mycotic or bacterial pathogens; if they occur, discontinue drug and/or institute appropriate therapy.

Adverse Reactions: As with other penicillins, untoward reactions will likely be essentially lim-

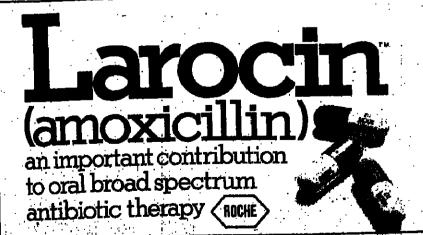
ited to sensitivity phenomena and more likely occur in individuals previously demonstrating penicillin hypersensitivity and those with history of allergy, asthma, hay fever or urticaria. Adverse reactions reported as associated with use of penicillins: Gastrointestinal: Nausea, vomiting, diarrhea. Hypersensitivity Reactions: Erythematous maculopapular rashes, urticaria. NOTE: Urticaria, other skin rashes and

serum sickness-like reactions may be controlled with antihistamines and, if necessary, systemic corticosteroids. Discontinue amoxicillin unless condition is believed to be life-threatening and amenable only to amoxicillin therapy. Liver: Moderate rise in SGOT noted, but significance unknown. Hemic and Lymphatic Systems: Anemia, thrombocytopenia, thrombocytopenia, thrombocytopenia, eosinophilia, leukopenia, agranulocytosis. All are usually reversible on discontinuation of therapy and believed to be hypersensitivity phenomena.

Dosage: Ear, nose, throat, genitourinary tract, skin and soft tissue infections-Adults: 250 mg every 8 hours. Children: 20 mg/kg/day in divided doses every 8 hours; under 6 kg, 0.5 ml of Pediatric Drops every 8 hours; 6-8 kg, 1 ml of Pediatric Drops every 8 hours. Lower respiratory tract infections and severe infections or those caused by less susceptible organisms - Adults: 500 mg every 8 hours. Children: 40 mg/ kg/day in divided doses every 8 hours; under 6 kg, 1 ml of Pediatric Drops every 8 hours; 6-8 kg, 2 ml of Pediatric Drops every 8 hours. Gonorrhea (acute uncomplicated anogenital and urethral infections) - Males and females: 3 grams as a single oral dose. NOTE: Children weighing more than 8 kg should receive appropriate dose of oral suspension 125 mg or 250 mg/5 ml. Children weighing 20 kg or more should be dosed according to adult recommendations.

Note: In gonorrhea with suspected lesion of syphilis, perform dark-field examinations before amoxicillin therapy and monthly serological tests for at least four months. In chronic urinary tract infections, frequent bacteriological and clinical appraisals are necessary. Smaller than recommended doses should not be used. In stubborn infections, several weeks' therapy may be required. Except for gonorrhea, continue treatment for a minimum of 48-72 hours after patient is asymptomatic or bacterial eradication is evidenced. Treat hemolytic streptococcal infections for at least 10 days to prevent acute rheumatic

fever or glomerulonephritis.
Supplied: Amoxicillin as the trihydrate: Capsules, 250 mg and 500 mg; oral suspension, 125 mg/5 ml and 250 mg/5 ml; pediatric drops, 50 mg/ml.



#### **Timely Action Urged in Tay-Sachs Pregnancy**

BY MICHAEL HERRING Medical Tribune Siall

BROOKLYN-"Doctors are often to blame when Tay-Sachs disease is not detected by amniocentesis between the 16th and 22nd weeks of a woman's pregnancy, in time for therapeutic abortion if necessary," Dr. Bruno Volk, director of the Isaac Albert Research Institute of Kingsbrook Jewish Medical Center and Clinical Professor of Pathology, State University of New York, Downstate Medical Center, told MEDICAL TRIBUNE.

Adequate screening of persons of child-bearing age for Tay-Sachs carriers is presently the only way to prevent this incurable, autosomal recessive disease, he said, but it is wholly preventable if doctors are aware of the importance of early prenatal diagnosis.

#### A Sphingolipidosis Ward

Kingsbrook is still conducting mass screening programs of college students at risk and members of various Jewish organizations in the New York metropolitan area, running the world's only maintenance ward for patients with sphingolipidosis, and continuing its basic research in enzyme-deficiency diseases, despite severe losses in financial support, Dr. Volk reported.

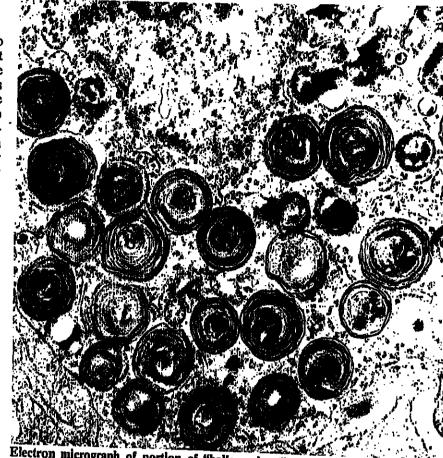
"We lost support from N.I.H. during the Johnson Administration, and this year the Tay-Sachs Foundation has cut its grant by 60 per cent, So we've felt the pinch as badly as everybody else," he said

Although a "cure" of Tay-Sachs is a long way off in his opinion, Dr. Volk said that a good possibility for it may lie in experiments such as those underway at Kingsbrook with purified hexosaminidase A (Hex A). Lack of this Isoenzyme in the amniotic fluid and cells aspirated from the fetus by amniocentesis is a sign that it has Tay-Sachs discase and should cause the parents to strongly consider a therapeutic abortion, he stated. "In some of our experiments, fetal nerve tissue from these abortions was used to see if the missing enzyme Hex A can enter the cells and thereby prevent Tay-

#### Animai Models Studied

In the event that this proves feasible, he added, investigators at Kingsbrook are also studying animal models that may be the counterpart of the gaugliosidosis of Tay-Sachs in man, to determine whether replacement of a missing enzyme (not necessarily Hex A) can prevent the disease. "Tay-Sachs in man is caused by the neuronal degeneration of the central nervous system because ogressive intracellular accumulations of excessive amounts of the sphingolipid known as ganglioside Gua. So far we believe that our animal models have a Gnii gangliosidosis, a relative of the Gns gangliosidosis in Tay-Sachs. so we don't know how far to extrapolate these findings to the human situation," Dr. Volk said.

"The most important phase of our research to date is still mass screening. The patients at highest risk are Jewish couples when both individuals are of Eastern European origin. If both of these prove to be Tay-Sachs carriers,



Electron micrograph of portion of "ballooned-out" neuron, showing deposited ganglioside in the form of concentric membranous bodies. Lack of isoenzyme hexosaminidase A results in the accumulation.

one child in four could be born with though the overall risk may be small,

"With amniocentesis, we can accuendured the experience of a previous Tay-Sachs baby and may be suffering severe anxiety that she will have another. When we assure these women that they can have a healthy baby without fear, the relief for them is sometimes unbelievable.

"The birth of a Tay-Sachs child can traumatize an entire family for life," Dr. Volk said. "In addition to the nightmarish experience of watching a healthy-looking infant slowly turn into a vegetable and 'black out,' the expense of caring for a Tay-Sachs pa-tient is a financial sacrifice of the first the constant care required. So even

#### **Glycolipids Not Metabolized**

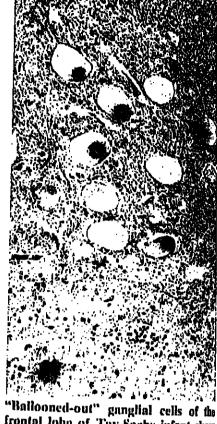
out' and produce within three to five years psychomotor degeneration churacteristic of the disease," he said,

Ashkenazi Jews in the United States may be heterozygous for the defect." order—as much as \$50,000 a year for active in securing legislation in the city council to see that a pamphlet on Tay- success."

Tay-Sachs is an overwhelming burden when it occurs. And the chances of rately predict which one of those four this are 100 times as great for Ashafflicted before it is born. We can kenazi Jews than other Jewish and also help the woman who has already non-Jewish populations," Dr. Volk explained.

"We've already learned that in Tay-Sachs, certain glycolipids are not metabolized due to the lack of Hex A. These substances accumulate in the gangliocytes, causing them to 'balloon

"As many as one out of every 30



frontal lobe of Tay-Sachs infant show effect of excess amounts of ganglioside G<sub>M2</sub>. Gradual accumulation of ganglioside eventually leads to neuronal degeneration of C.N.S.

Suchs is available at all marriage license bureaus in the city.

The real responsibility for early detection, Dr. Volk maintained, is on all practicing physicians.

"Until we find a cure, mass screening of high-risk sectors of the population and midtrimester amniocentesis of suspected pregnancies, are the only means we have of dealing with Tay-Suchs, and the only hope for learning more about it," Dr. Volk concluded

"The explosion of knowledge about the sphingolipidoses in the past ten years has meant remarkable progress in identifying the genetic factors in-

"With continuing educational programs and publications, we hope to increase medical understanding and awareness of Tay-Sachs disease. I think this is essential to our overall



#### 16-OH Steroids in Low-Renin Hypertension

Wednesday, February 26, 1975

MEXICO CITY-A significant role for the 16-hydroxylated compounds in lowrenin essential hypertension was suggested here by two teams of U.S. investigators at the Fourth International Congress on Hormonal Steroids,

One group found what was described by Dr. James Melby, Professor of Medicine at Boston University, as a in most of those patients, we tried to "unique steroid structure and a unique find an explanation for such activity." steroid effect." This compound, reported for the first time, was identified by Dr. Sidney L. Dale as 16 alpha, 18-dihydroxy-DOC. Conversion of la- found to contain more mineralobeled 18-OH-DOC to the new structure corticoid activity than could be acwas shown to be greatly accelerated counted for by the known examples by the adrenal tissue in patients with contained in the extract. low-renin essential hypertension. It was found to be secreted in superabundance in this condition.

"Twenty per cent of all hypertensive patients in the United States have low plasma-renin activity," Dr. Melby said, and findings in them are remarkably similar to those in patients with primary aldosteronism. Knowing, however, that only 1 to 2 per cent actually have primary aldosteronism, we looked for a different steroid structure."

#### Sterold Antagonists Suggested

Four such patients showed excess 16 alpha, 18-dihydroxy-DOC—which made the investigators think that it could be important in the genesis of suppressed renin in a certain proportion of patients with hypertension because of the unique activity of this steroid, which appears to function as a cooperative or positive allosteric effector of aldosterone. This was thought to be one of the first demonstrations of such an effect.

Clinically, the interpretation of the finding was that in a significant percentage of patients having normal steroid secretion, treatment would be more specific with use of steroid antagonists.

Another new 16-hydroxylated steroid, also excreted in excess in patients | to a 20-L. tank for the removal of urea.

with low-renin essential hypertension, unexplained activity was purified and discovered by a group from Vanderbilt was identified by mass spectral analysis University, was described by Dr. Grant as 16 beta-hydroxydehydroepiandro-Liddle, Professor of Medicine.

"Patients with low-renin essential hypertension have certain features consistent with excessive mineralocorticoid known mineralocorticoids are normal

Using adrenalectonized rats to assay mineralocorticoids, urine extracts from patients with this disorder were

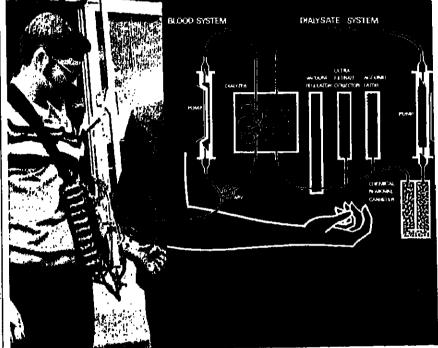
The unknown substance causing this

sterone (16 beta-OH-DHEA). That this steroid is in fact a mineralocorti-

coid was confirmed by demonstrating that synthetic 16 beta-OH-DHEA has activity," he explained, "and because a sodium-retaining capacity one-40th that of aldosterone. Dr. Liddle found 24-hour urinary excretion of the new mineralocorticoid to be above the normal range in 15

patients with low-renin essential hypertension and in no patients with hypertension who had normally responsive plasma-renin activity. The interpretation of this phenomenon was that 16 beta-OH-DHEA could be a cause of low-renin essential hypertension.

#### Portable 7-Lb. Artificial Kldney Being Tested



scientists. A patient on this kidney undergoes two hours of dialysis daily. This maintains an even chemical balance in the blood and prevents a wasteproduce buildup. The patient must also spend one hour with the unit hooked

#### A portable 7-pound artificial kidney is being tested by University of Utah

**Corticosteroid Prophylaxis Aids Prematures** weeks inclusive 30 per cent; and after was observed, from the thirty-second

Berlin-Corticosteroid management

during the 32nd week of pregnancy or later has been found to reduce the incidence of hyaline membrane disease during the latter half of pregnancy, considerably in premature infants. Dr. H. Eckert, of Frankfurt University Women's Clinic, told the Seventh Germany Perinatal Medicine Congress

One significant observation, the investigator said, was that corticosteroids specifically bring about an increase in surfactant phospholipid content.

The prophylactic effect of corticosteroids relative to lung maturity in premature infants is more significant for hyaline membrane disease morbidity than mortality, Dr. Eckert said.

In all single births born in the 18 months prior to adoption of cortisone prophylaxis at the Frankfurt clinic, the incidence of hyaline membrane disease was classified retrospectively as a function of gestational age and weight at

Before the thirty-second week of pregnancy, incidence was 64 per cent; lecithin level became. Before the after corticosteroid management, Dr. during the thirty-second to thirty-sixth thirty-second week of pregnancy none Eckert said.

Corticosteroid prophylaxis for pregnant women with premature pangs

Dr. Eckert said, consists of intravenous administration of 60 mg. 16-methylprednisolone on each of at least three consecutive days. Prior to therapy. amniocentesis is performed to determine the stage of development.

#### Significant Rise in Lecithin

clinical analyses of fetuses after cortibefore the delivery. Three prematures, costeroid prophylaxis in 42 pregnant two of them before the thirty-second women compared with 30 unmanaged week of pregarancy, developed a typicontrols.

preciably with 16-methylprednisolone previously unobserved form of the stimulation, there was a significant rise membrane syndrome was noted, which in lecithin as a determinant surfactant was distinguished clinically by its short 1. Common Service (1964年) 1964年 1965年 1964年 1

the thirty-sixth week only 0.5 per cent. through thirty-sixth weeks it came to 40 per cent and after that to 56 per cent. No rise in lecithin was recorded in the unmanaged controls.

The stimulant effect of corticosteroid on lecithin synthesis was confirmed by animal tests both in vivo and in vitro. Dr. Eckert described 26 premature

births delivered after corticosteroid prophylaxis during the thirty-first through thirty-seventh weeks of pregnancy. The mothers had been given 60 incidence of hyaline membrane disease Dr. Eckert's group has obtained mg. 16-methylprednisolone at least 24 amounted to five per cent; one child lecithin and creatinine charts and hours and not more than seven days developed a severe membrane syncal membrane syndrome despite pro-While creatinine did not react ap- phylaxis; in three other prematures a parameter after three days of corticos- and comparatively mild course, though teroid management, the investigator exhibiting typical pOg and pCOg altersaid. The more advanced the preg-nancy the more pronounced this rise in forms seemed generally more frequent

#### IMMATERIA MEDICA

#### The Western Slope

• Dr. Harold Zimmerman of Laramic, Wyo., was taken by the ending of a piece in Cutis:

"When the older physician saw this patient, he made the diagnosis within seconds; the younger physicians were completely ignorant of both Dr. Meleney or the cause for the ulceration. Sic gloria transit."

He feels the Latin is putting the cart before the hearse. We figure Gloria was sick but had to travel.

• "In comparing a six month duty tour of mainland China during 1945 to a recent one-month visit in 1973 is about as parallelistic as an overladen cesspool is to a Palm Springs condominium

—Utah Medical Bulletin Some of those Palm Springs condominiums are getting awfuly parallelistic, we understand.

Once again: contributions to Immateria Medica are welcome. Send in the best anecdote you heard at a meeting.



In the group of 16 prematures delivered between the thirty-second and thirty-sixth week of pregnancy, the drome in conjunction with sepsis, which eventually proved lethal.

#### Incidence 30 % in Controls

One other child, delivered at a weight of 1300 grams during the thirtythird week of pregnancy, survived with a modified form of hyaline membrane disease. In the control group without management, adjusted to age, the incidence of hyaline membrane disease was 30 per cent.

Coauthors were R. Gerner, E. Halberstadt and V. Loewenich.

